SAN FRANCISCO PUBLIC LIBRARY
3 1223 06447 2559

5/S

San Francisco Public Library

Government Information Center
San Francisco Public Library
100 Larkin Street, 5th Floor
San Francisco, CA 94102

REFERENCE BOOK

Not to be taken from the Library

Digitized by the Internet Archive
in 2012 with funding from
California State Library Califa/LSTA Grant

http://archive.org/details/minutes2003sanf

SF
420
#1
1/7/03

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
JAN 3 2003
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, January 7, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 17, 2002**
**Minutes of December 17, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHS-Maternal and Child Health** – Request for approval to accept and expend retroactively a grant from the California Department of Health Services, in the amount of $113,788, to support healthy eating and childhood overweight prevention services, for the period of August 1, 2002 to September 30, 2003.
** Calendaring request memo, Grant information form, Budget justification form, Position description*

(3.2) **CHS-Maternal and Child Health** – Request for approval to accept and expend retroactively a grant from the California Family Health Council, Inc., through a subcontract for a performance agreement with UCSF School of Nursing, in the amount of $84,328, for the Child Care Health Linkages Project, for the period of July 1, 2002 to June 30, 2003.
* *Calendaring request memo, Grant information form, Budget form*

(3.3) **PHP-Community Health Promotion and Prevention** – Request for approval of a retroactive sole source contract renewal with San Francisco Study Center, in the amount of $357,299, to provide technical assistance and support services for the DPH African American Health Initiative, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to delays in awarding funding to the contractor and an extended period of document revisions for contract development. The Study Center is currently not receiving contract payment through an Interim Agreement.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with New Leaf Services for Our Community, in the amount of $1,393,902, to provide mental health and substance abuse outpatient, intensive outpatient and prevention services targeting the lesbian/gay/bisexual/transgender community and men who have sex with men, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments and other allocation changes after finalization of the Department's fiscal year 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring request memo, Monitoring report summaries and response letter, Client demographic information forms*

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive sole source multiyear contract renewal with Institute for Community Health Outreach (ICHO), in the amount of $497,558, to provide case management, client advocacy and health education services to HIV positive individuals living in the Bayview Hunters Point community, for the period of July 1, 2002 through June 30, 2004. This contract is retroactive due to contract negotiations. This contractor has continued to provide services and receive payment under a 4-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring request memo, Monitoring report summary, Monitoring report response letter and attachments, Client demographic information form*

(3.6) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Positive Resource Center, in the amount of $105,700, to provide employment development services targeting people with HIV/AIDS who are seeking to enter/re-enter the workforce, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to contract negotiations and the late award of some General Fund programs following the budget process. The contractor has continued to provide services and receive payments under an interim agreement as approved by the Health Commission on April 16, 2002.
* Calendaring request memo, Monitoring report summary, Client demographic information form

(3.7) **PHP-AIDS Office** – Request for approval of a retroactive new sole source contract with the Regents of the University of California San Francisco–AIDS Health Project, in the amount of $98,734 for year one and $170,000 for year two, for a two-year total of $268,734, to provide HIV

3 1223 06447 2559

Cognitive Impairment Program and Standards of Care Training for CARE-funded service providers, for the period of September 1, 2002 through February 29, 2004. This contract is retroactive due to the time required to finalize the service specifications and prepare the required documents.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE EEO/CULTURAL COMPETENCY ANNUAL REPORT**
(Norm Nickens, Deputy Director of EEO Affirmative Action and Cultural Competence)
**Report*

6) **FOR DISCUSSION** **PRESENTATION OF THE STATE LEGISLATIVE ANNUAL REPORT**
(Colleen Johnson, Assistant Director, Office of Policy and Planning)
**Report*

7) **FOR DISCUSSION** **PRESENTATION OF THE COMPLIANCE UPDATE**
(Dennis Scott, Chief Compliance Officer)
**Update*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of

Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 7, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 16 2003

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 17, 2002

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the December 17, 2002 Health Commission meeting with two technical corrections.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **CHS-Maternal and Child Health** – Request for approval to accept and expend retroactively a grant from the California Department of Health Services, in the amount of $113,788, to support healthy eating and childhood overweight prevention services, for the period of August 1, 2002 to September 30, 2003.

(3.2) **CHS-Maternal and Child Health** – Request for approval to accept and expend retroactively a grant from the California Family Health Council, Inc., through a subcontract for a performance agreement with UCSF School of Nursing, in the amount of $84,328, for the Child Care Health Linkages Project, for the period of July 1, 2002 to June 30, 2003.

(3.3) **PHP-Community Health Promotion and Prevention** – Request for approval of a retroactive sole source contract renewal with San Francisco Study Center, in the amount of $357,299, to provide technical assistance and support services for the DPH African American Health Initiative, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to delays in awarding funding to the contractor and an extended period of document revisions for contract development. The Study Center is currently not receiving contract payment through an Interim Agreement.

- Commissioner Penn asked how committed the SFSC is to this new role. Geoff Link, Executive Director of the Study Center, said they are fully committed. Commissioner Penn asked if this arrangement is anticipated to be long term. Ms. Selmar said that Booker T. Washington will continue to be part of the coalition but will not be the lead agency, and AACHIE will be assessing what other community based organization can assume the lead role. They will give an update in April at the PHP JCC. Commissioner Penn would like to stay apprised on the long-term integration plan.

- Commissioner Monfredini asked for an earlier, written report in 60 days.

(3.4) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with New Leaf Services for Our Community, in the amount of $1,393,902, to provide mental health and substance abuse outpatient, intensive outpatient and prevention services targeting the lesbian/gay/bisexual/transgender community and men who have sex with men, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments and other allocation changes after finalization of the Department's fiscal year 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Umekubo asked if staff is happy with way services are improving. Mr. Stillwell replied that the agency is heading in the right direction, but not where we want to be. Commissioner Umekubo asked if EPSDT is this something they plan to expand. Joseph Neisen, the Executive Director, said the EPSDT program is larger than what is indicated by this contract, which is only one funding source. The challenge with this contract is that they tend to have a high no-show rate so have adjusted the contract to reduce the dollar amount to reflect the number of youth they are serving.

- Commissioner Monfredini asked about board development. Mr. Neisen said the agency has done a lot of board development over the past five years and did a long-term strategic plan for the board, which includes quarterly goals. Commissioner Monfredini would like a report to the CHN JCC in 90 days on the progress of the CSAS Outpatient Program.

- Commissioner Penn asked if staff turnover was still a problem. Mr. Neisen said they did have a significant turnover, largely due to the economy and the inability to pay higher salaries. However, now it is a slightly different story, and they have been able to increase wages. Have also allowed access to benefit packages for part time workers, which is attractive to the workers.

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive sole source multiyear contract renewal with Institute for Community Health Outreach (ICHO), in the amount of $497,558, to provide case management, client advocacy and health education services to HIV positive individuals living in the Bayview Hunters Point community, for the period of July 1, 2002 through June 30, 2004. This contract is retroactive due to contract negotiations. This contractor has continued to provide services and receive payment under a 4-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Monfredini asked if the monitoring report recommendations were implemented. Deborah Oliver Wilson, Nia project director, said they have been implemented.

- Commissioner Penn asked how connected and in communication all the different agencies are. Ms. Oliver Wilson replied that on a monthly basis there is a providers meeting, which includes BVHPF, Black Coalition on AIDS and many other agencies serving this community. She feels that the agencies do a great job supporting each other.

(3.6) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Positive Resource Center, in the amount of $105,700, to provide employment development services targeting people with HIV/AIDS who are seeking to enter/re-enter the workforce, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to contract negotiations and the late award of some General Fund programs following the budget process. The contractor has continued to provide services and receive payments under an interim agreement as approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Monfredini asked if people are still fearful of returning back to work. Mr. Lipp, executive director, said that this is still a barrier and part of their program is to provide counseling and services to assist individuals in overcoming these barriers.

- Commissioner Penn asked how people find out about these services. Mark Misrok, program manager, said there is constant interaction throughout the AIDS services community and the employment services committee. In addition they have significant interaction with the mental health and substance abuse services communities. Most of the referrals come through other agencies. Collaborations have been a very effective way of doing outreach.

- Commissioner Umekubo asked what their success rate is. Mr. Misrok said that there is a complex definition of success, but last year they achieved just fewer than 500 job placements, 150 of which were considered long-term placement. They hope to develop and track successes moving people into training programs and career counseling.

(3.7) **PHP-AIDS Office** – Request for approval of a retroactive new sole source contract with the Regents of the University of California San Francisco–AIDS Health Project, in the amount of $98,734 for year one and $170,000 for year two, for a two-year total of $268,734, to provide HIV Cognitive Impairment Program and Standards of Care Training for CARE-funded service providers, for the period of September 1, 2002 through February 29, 2004. This contract is retroactive due to the time required to finalize the service specifications and prepare the required documents.

Commissioners' Comments

- Commissioner Monfredini asked staff to clarify if St. Mary's AIDS Dementia Unit is closed. Ms. Long Dixon said that the unit is closed but there is a skilled nursing facility, which was the step down for the locked AIDS dementia unit. However DPH does not have a contract for patients at the SNF. The purpose of this contract is to ascertain where these patients previously served by the Dementia Unit are. Commissioner Monfredini asked when outcomes would be available. Ms. Long Dixon said preliminary data would be available at the end of February. Joanna Rinaldi from the UCSF AIDS Health Project said they are looking at patients across the entire system to determine how many individuals have HIV-related cognitive impairments. They are also trying to understand how people with cognitive impairments who are not in LHH or SFGH dedicated residential settings are being managed.

Public Comment (at Health Commission)

Abdul, volunteer at AACHIE, regarding Item 3.3. The program is really doing well. The staff and volunteers do a lot of outreach and are helpful to the community.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the Consent Calendar of the Budget Committee. The Commission requested a 60-day written report to Budget Committee for Item 3.3, with a more detailed report to the April PHP JCC. The Commission also requested a report in 90 days to the CHN JCC for Item 3.4.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Star Hotel Housing Program

The Department of Public Health welcomed the first residents to the Star Hotel Housing Program on January 6th. The newly rehabilitated Star Hotel, a single room occupancy hotel in the Mission District, is the latest addition to DPH's Direct Access to Housing Program. The Star Hotel Housing Program is designed to serve homeless single adults with recent histories of being institutionalized, hospitalized, treated in residential programs, or housed in shelters. Homeless individuals with a history of rotating through various systems of care are also eligible. Sixteen units have been allocated for people with HIV/AIDS. The program provides on-site support services through Baker Places, Lutheran Social Services, and Tenderloin AIDS Resource Center. By March of this year, the Star will be home to 54 residents.

Jo Ruffin Retires

After 36 years of service with Community Mental Health Services, Laura Jo Ruffin retires from the Department this month. Jo's long career with the Department has demonstrated her unwavering commitment to ensuring and improving mental health care and services for all San Franciscans. The Commission is looking forward to the opportunity to honor Jo at the January 21st Commission meeting. In further tribute to Jo's dedication to the City, the Independent published a front-page article on Jo's history with the Department, the Board of Supervisors will declare January 16, 2003 Laura Jo Ruffin Day in the City and County of San Francisco, and a reception will be held in her honor on the evening of January 16th. For more information on the reception, contact Richard Snowdon at 255-3474.

Behavioral Health Community Forum

On Wednesday, January 30th, the Community Behavioral Health Services Planning Committee will present their work to date on a plan to integrate mental health and substance abuse services. The Community Forum will be an opportunity to learn and give input about the integration process. It will take place at 101 Grove, in Room 300 from 3:00 to 5:00 p.m.

Vickie Wells Appointed to National OSHA Advisory Committee

On December 31st, U.S. Secretary of Labor Elaine L. Chao announced the appointment of Vickie Wells, DPH's Occupational Safety and Health Director, to the National Advisory Committee on Occupational Safety and Health (NACOSH). The committee, established under the Occupational Safety and Health Act of 1970, advises the Secretaries of Labor and Health and Human Services on occupational safety and health programs. Members of the 12-person advisory committee are chosen on the basis of their knowledge and experience in occupational safety and health. Congratulations to Vickie for her well-deserved recognition as a national occupational health leader.

Herminia Palacio, MD, MPH, Appointed Health Director for Harris County Public Health and Environmental Services

Dr. Katz announced that Herminia Palacio, MD, was appointed Health Director for Harris County Public Health and Environmental Services. Harris County includes Houston and its surrounding areas. It has a population of three million people and is the third largest county in the United States. Prior to her move, Dr. Palacio, was a primary care resident at SFGH, an attending physician at Ward 86, the Acting Medical Director of Maxine Hall Health Center, and a Special Policy Advisor to the Director of Health. During her tenure at DPH, Herminia was responsible for the initiation of office based opiate addiction treatment (OBOAT) and the creation of a medicinal marijuana identification card. Dr. Palacio sent her best regards to the Commission and Department staff and credits her time at DPH as giving her the experience to take on this challenging job.

Commissioners' Comments

- Commissioner Umekubo said that many of his colleagues received a letter from Dr. Klausner about the syphilis epidemic that was very informative and well written. He commended Dr. Klausner for this communication.

5) PRESENTATION OF THE EEO/CULTURAL COMPETENCY ANNUAL REPORT

Norm Nickens, Deputy Director of EEO Affirmative Action and Cultural Competence, presented the EEO/Cultural Competency Annual Report. Mr. Nickens described the general responsibilities of the EEO Office. The presentation focused on cultural and linguistic competency.

Mr. Nickens summarized the CLAS standards, which were developed by the Office of Minority Health and adopted by the Health Commission. Standards 1-3 relate to culturally competent care. Standards 4-7 relate to language access and include legal mandates. Standards 8-14 are about organizational support.

2002 Implementation Activities

- Distribution of CLAS Standards and Commission Policy to contractors
- Formation of Cultural Competency Task Force
- Development of Cultural Competency Web Page
- Coordination of training activities with Community Mental Health Services, Department of Human Services and Mayor's Office of Disabilities
- Training of EEO Office staff
- Technical assistance to contractors
- Training for contractors and DPH staff, including Cultural Competency in Working with the Arab and Muslim Communities, Mental Health Needs of the African American Community, Introduction to Cultural Competency and Introduction to Linguistic Competency, among others.

2003 Implementation Activities

- Various training activities are planned, including Implementation of the CLAS Standards, Working with the Disabled Community and Working with the L/G/B/T Communities, among others.
- Ongoing meetings with DPH Program Managers
- By March 2003, development of DPH Cultural Competency monitoring protocol and reporting format
- Ongoing technical assistance to DPH Program Managers/Analysts
- Ongoing development of model policies and procedures
- Ongoing development of a "train the trainer" and technical assistance program for contractors
- Ongoing review of DPH compliance with ADA and Equal Access to Services Ordinance
- Coordination with Behavioral Health integration committees.

Commissioners' Comments

- Commissioner Monfredini appreciates the work in implementing Policy 24. While the policy was straightforward, the implementation of the policy is quite complex. Mr. Nickens said that the Department now has a strong framework to build upon.

- Commissioner Parker congratulated staff for developing the framework. He was a little apprehensive at the beginning of this process and is now more reassured. He asked if community input is being incorporated into the CLAS standards, or do professionals drive them. Mr. Nickens said that one funnel for community input is the Cultural Competency Task Force. In addition, they try to incorporate providers in all of the trainings. Finally, through the annual reporting process they have identified agencies that have great cultural competency programs and are using these programs as models. Commissioner Parker asked if the seminar for African American Issues in Mental Health seminar is targeted toward community providers. Mr. Nickens said it is targeted toward staff as well. He added that as a rule they try not to charge for

the training, unless continuing education credits are given for the training. Commissioner Parker is concerned that cost might be a barrier for some community-based providers.

- Commissioner Penn commended Mr. Nickens for taking a systematic approach to implementing complex issues. He asked if the reporting structure would apply to DPH programs as well as contractors. Mr. Nickens said the current program applies to contractors, with a future goal of applying it to Department programs. Commissioner Penn asked what happens if there are deficiencies in the reports submitted to EEO. Mr. Nickens said this information is brought back to the program managers. His office is in the process of ranking the reports on a scale of one to four. The ultimate goal is to have more information reported as part of the contract renewal process. Commissioner Penn said that this is a very important component of contract evaluation. Commissioner Penn emphasized the importance of bilingual services, and agreed with Mr. Nickens that just because a person speaks another language does not mean they are competent to provide medical interpretation services.

- Commissioner Umekubo commended staff for evolving this issue over the past four years. How is DPH doing in this area compared with other California counties? Mr. Nickens attended a national conference and was struck by how much more complex these issues are in San Francisco than other areas. For example other areas deliberate over English/Spanish bilingual signage, yet in San Francisco DPH has signage in so many other languages. Also, the main theme of the training in other counties was how to convince the governing body of the need for culturally competent services, which is definitely not an issue here.

- Commissioner Guy appreciates the progress that has been made. The goals for 2003 are appropriate and reflect where DPH wants to go. While the information that is presented with the Budget Committee reports will still not be at the level the Health Commission ultimately wants, this will eventually happen. She thanked the contractors who, with their exemplary reports, provide models of culturally competent services. Mr. Nickens said that they are beginning the effort to incorporate lesbian/gay/bisexual/transgendered standards of care. Commissioner Guy wants to begin the process of applying these protocols to internal programs next year.

- Commissioner Chow said that the groundwork would carry DPH into the future. Now, this needs to be put into a usable format and tested. The hope is to have more than two lines about cultural competency in the contract reports. Mr. Nickens said that the first iteration, to begin in July 2003, would probably be a one to two page checklist for each agency. Commissioner Chow clarified that the intent is to use the new monitoring protocols without negative consequences for the first year. Mr. Nickens said that this is correct. Commissioner Chow recommended that both of the topics of the new contract monitoring protocols and how DPH begins to extend these efforts to internal programs be referred to all of the Joint Conference Committees. He also wants reports on the progress of improving language competency within the Department.

6) PRESENTATION OF THE STATE LEGISLATIVE ANNUAL REPORT

Colleen Johnson, Assistant Director, Office of Policy and Planning, presented the State Legislative Report.

Ms. Johnson gave an overview of the legislative year, which was marked by tremendous fiscal uncertainties. In May 2002 the Governor anticipated a deficit of $23.6 billion, which was $11 billion greater than he had anticipated in January 2002. Although significant cuts in health services were made, many of the Department's highest legislative priorities were successful. Another highlight of the legislative year was in hospital outpatient care. AB 915 (Frommer) established a

program to allow public hospitals to match their local general fund contribution for outpatient services with federal Medicaid dollars. For San Francisco General Hospital (SFGH), this could mean an additional $5 million in Medicaid revenue in 2002-03. Trauma Services received a second year of one-time funding of $25 million to be allocated to trauma centers like SFGH's. The Governor reduced this allocation to $20 million but this funding is still seen as a victory. In the area of HIV/AIDS, the Governor signed AB 2197 (Koretz), which provided Medi-Cal benefits to Californians with HIV who meet the financial requirements but who are not considered disabled.

Ms. Johnson described the City's legislative process. Individual Departments do not take positions on State legislation. DPH makes recommendations to the Mayor's Office of Legislative Affairs and the Mayor's State Legislative Committee for City positions on health-related legislation. At the beginning of each legislative session the Mayor's Office approves DPH's State Legislative Plan that outlines the Department's recommendations on issues likely to arise. In addition, positions are taken on a bill-by-bill basis for those issues that are not addressed in the plan.

Ms. Johnson summarized the 2002 legislative highlights (Attachment A).

Ms. Johnson said the 2003 State Legislative Plan is comprehensive and addresses anticipated health-related issues to be debated in the Legislature. Significant issues are anticipated to be bioterrorism, Medi-Cal/Healthy Families, Realignment and the State Budget. (The Governor will release his proposed budget on January 10.)

Commissioners' Comments

- Commissioner Chow noted that DPH was opposed AB 1833, an emergency medical services bill that passed, and asked if we are still opposed. Ms. Johnson said the Department is still opposed to the mandated change in billing structure for Maddy EMS Funds. Although the bill passed, regulations still have to be developed and the Department will be commenting on these regulations. Commissioner Chow requested a federal legislative update in the fall.

- Commissioner Penn asked how the Department voices opposition to cuts to programs such as Medi-Cal. Ms. Johnson said that San Francisco has a very strong delegation in Sacramento, led by Senator Burton, so it is relatively easy to get our voices heard.

- Commissioner Guy would like continued updates on the State budget through the Director's Report, since this is such a difficult legislative and budget year. The Commission can add to the advocacy efforts. She asked if there could be a future report on the implementation of AB 1421, Court-ordered assisted outpatient mental health treatment program. Dr. Katz said that the Department has done a very preliminary analysis and it is unlikely that the Department would recommend implementing the program.

7) PRESENTATION OF THE COMPLIANCE UPDATE

Dennis Scott, Chief Compliance Officer, presented at Compliance status report.

CY 2002 Compliance Focus
- HIPAA Administrative Simplification and Privacy
- Compliance Briefing and Training
- Compliance Intervention

Announcements and Updates

- Compliance Council Meeting Schedule
  - To insure that meetings are conducted every three months, Compliance Council meetings will have a specific date, which is the second Wednesday of every month

- HIPAA Budget Process
  - Objective is to identify FY 2003 and FY 2004 implementation costs, and include in DPH budget priority discussions. Costs are significant.

- UCSF Data Security Agreement
  - Transmitting clinical data outside of the DPH secured network to unsecured UCSF sites creates exposure for DPH
  - Gene O'Connell and Dr. Phil Hopewell have begun preliminary discussions on conditions of transmission and possible UCSF indemnification of DPH
  - Dennis Scott, Chief Compliance Officer, and Dave Counter, Chief Information Officer, will assume responsibility

- Compliance Division Mission
  - Division has expanded dramatically in the last year, and needed a focus for how to conduct business
  - The mission is to encourage an atmosphere of integrity in DPH clinical and business operations, and promote understanding and compliance with federal, State and local privacy and other health care regulations.

- FY 2003 Objectives
  - Effectively manage HIPAA implementation to insure that regulations are implemented and deadlines are met
  - Analyze OIG's 2003 Compliance Work Program and work with DPH operating departments to minimize exposure
  - Promote cooperative working relationships with DPH operating departments

Mr. Scott gave a project status summary for HIPAA implementation and status on coordination with other City Departments. Mr. Scott discussed significant developments, status of implementation efforts and compliance risk factors for both HIPAA privacy implementation and HIPAA business associates requirements.

Mr. Scott updated the Commission on the Department's Compliance Activities. The focuses of the OIG FY 2003 Compliance Plan are: consecutive inpatient stays, medical necessity of Inpatient Psychiatric stays; uncollected beneficiary deductibles/coinsurance; procedure coding of Outpatient Physician Services; hospital specific Disproportionate Share payment limits; Medicaid diagnosis-related group payment window; Nursing Home Quality Assessment and Assurance Committees; nursing home survey and certification; Medicaid payments to SNF for Medicare-covered services; immunization and Ryan White Grants. Mr. Scott also discussed other significant activities including MD profiles, UPIN numbers and coding and documentation training for providers.

Commissioners' Comments

- Commissioner Monfredini commented that one of the areas she believes DPH is still vulnerable on confidentiality is providers and staff talking about clients inappropriately. Mr. Scott said that

this is addressed through training. This is a big area of exposure because the Office of Civil Rights is going to respond to complaints, rather than perform audits.

- Commissioner Chow asked if the Department is going to have a single privacy notice to be distributed to patients, and will this be bilingual. Mr. Scott said there is a model policy that applies across DPH but developed to allow modification for more appropriate versions for different programs. The notices will be in the target languages. Commissioner Chow asked for a six-month update to the Commission, and also recommended that the SFGH JCC and LHH JCC stay apprised as compliance deadlines approach.

- Commissioner Umekubo said one vulnerability is that the education is very hit or miss. Different clinicians get different levels of information. He asked if the implementation is proving to be as costly as anticipated. Mr. Scott said it depends on what decisions are made. In DPH budget priorities, patient care is clearly the highest priority. DPH is seeking reasonable accommodation given its budget priorities, and will not be developing a Cadillac HIPAA program. DPH has to focus on areas that might generate complaints.

- Commissioner Penn asked what the estimated implementation costs will be. Dr. Katz said that personnel costs are the major expense and there are five staff people in Mr. Scott's office. There is not an added cost for computer systems because the equipment is HIPAA compliant. Commissioner Penn asked how big of a problem transfer of data between UCSF will present. Mr. Scott said it is not a huge problem but there is a lot of research that goes back and forth between the two institutions and need to ensure that there are appropriate protections in place. He feels confident that this will happen.

- Commissioner Parker said that HIPAA is an additional cost of doing business, and also requires an annual cost to maintain the program. He asked if DPH is liable if DPH contractors and other agencies the Department does business with do not comply. Mr. Scott said that there is contractual language that requires entities DPH does business with to be HIPAA compliant. Due diligence will be required in following up on complaints, but DPH is not required to audit these agencies.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 6:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

2002 State Legislative Report

Presented to the Health Commission on January 7, 2003

Introduction

- Legislative Advocacy and the Strategic Plan
- Overview of the Legislative Year
  - Fiscal Uncertainty
  - Hospital Outpatient Care
  - Trauma Services
  - Medi-Cal Expansion for Persons with HIV
- City's State Legislative Process

2002 Legislative Highlights

- Bioterrorism
  - SB 406 (Ortiz) – allocates federal bioterrorism funding. CHAPTERED.
- Children/Youth
  - AB 2741 (Chan) – creates the Children's School Readiness and Health Council to coordinate programs that address school readiness and health. VETOED.
- Chronic Disease and Injury Prevention
  - SB 1555 (Torlakson) – awards grants to local jurisdictions and non-profits to improve pedestrian and bicyclist safety. VETOED.

2002 Legislative Highlights (cont.)

- Communicable Disease
  - SB 843 (Perata) – Omnibus Tuberculosis Control and Prevention Act. CHAPTERED.
  - AB 2529 (Negrete-McLeod) – requires the Department of Corrections to make treatment and testing for Hepatitis C available to inmates. VETOED.
- Environmental Health
  - SB 460 (Ortiz) – grants local jurisdictions authority for enforcement and abatement of lead hazards. CHAPTERED.

2002 Legislative Highlights (cont.)

- Health Insurance Expansion
  - AB 2178 (Goldberg) – expands the definition of "small business employer" for purposes of health care insurance. CHAPTERED.
- Health Professionals
  - SB 2008 (Speier) – establishes a loan assumption program for nursing education. VETOED.
- Healthy Families/Medi-Cal for Children
  - SB 59 (Escutia) – requires MRMIB to explore innovative ways of targeting vulnerable children, including immigrant and homeless children. CHAPTERED.

2002 Legislative Highlights (cont.)

- HIV/AIDS
  - AB 2994 (Wright) – requires California to determine whether non-name HIV reporting is achieving federal standards for use pursuant to the federal CARE Act. CHAPTERED.
  - AB 2905 (Wright) – requires the Department of Corrections to offer HIV testing to inmates. VETOED.
  - AB 2930 (Wright) – requires blood obtained from pregnant women be tested for HIV. VETOED.

2002 Legislative Highlights (cont.)

- Homeless
  - SB 1654 (Burton) – establishes the Office of Homelessness within the Governor's Office. VETOED.
  - SB 1751 (Burton) – requires counties to report homeless deaths. VETOED.
- Medi-Cal
  - AB 2364 (Negrete-McLeod) – requires a study, due 1/1/04, on creating efficiency and reducing costs in the Medi-Cal program. CHAPTERED.

2002 Legislative Highlights (cont.)

- Mental Health
  - AB 1421 (Thomson) – allows counties to establish a court-ordered assisted outpatient mental health treatment program. CHAPTERED.
  - AB 1422 (Thomson) – creates the Mental Health Advocacy Commission to promote improved access to mental health services and combat stigma and discrimination. VETOED.
- Social Determinants of Health
  - AB 925 (Aroner) – provides provisions for programs to assist disabled persons in obtaining or maintaining employment. CHAPTERED.

2002 Legislative Highlights (cont.)

- Substance Abuse
  - SB 1695 (Escutia) – authorizes counties to certify EMT-Is to administer naloxone. CHAPTERED.
  - SB 1785 (Vasconcellos) – authorizes pharmacies to sell syringes without a prescription. VETOED.
- Supportive Housing
  - AB 1425 (Thomson) – exempts supportive housing facilities from licensure as community care facilities

2003 State Legislative Plan

- Comprehensive
- Addresses anticipated health-related issues to be debated in the Legislature
- Significant issues expected:
  - Bioterrorism
  - Medi-Cal/Healthy Families
  - Realignment
  - State Budget

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

SF
H20
#1
1/21/03

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
JAN 16 2003
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, January 21, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 7, 2003**
**Minutes of January 7, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) Update on Walden House's 2002-03 contract.

(3.2) **DPH –** Request for approval for retroactive revision of selective DPH FY2002-03 patient rates for Community Mental Health Services and Records and Statistics.
** Calendaring request memo*

(3.3) **CHN-SFGH Medical Staff Services** – Request for approval of a contract renewal with CheckPoint Credentials Management Services, in the amount of $70,000, to provide as-needed, supplementary credential verification services of clinicians who provide patient care at San Francisco General Hospital, Laguna Honda Hospital and the primary care clinics of the Community Health Network, for the period of February 1, 2003 through January 31, 2005.
* *Calendaring request memo, Monitoring report summary*

(3.4) **CHN-SFGH, HAH & LHH** – Request for approval of three contract renewals with the following firms: On-Call Therapists, Inc., Physical and Occupational Therapist's Registry, Inc. and Preferred Healthcare Registry, Inc., for a combined total amount of $503,760, to provide intermittent, as-needed rehabilitation (physical, occupational and speech) therapy personnel services for the Community Health Network, for the period of February 1, 2003 through January 31, 2005.
* *Calendaring request memo, Vendor rate list, Monitoring report summaries and Response letter*

(3.5) **CHP-Violence Prevention** – Request for approval of a contract renewal with San Francisco Study Center, Inc., in the amount of $109,900, to provide fiscal administration of violence prevention community action projects services targeting the Bayview community, for the period of January 1, 2003 through June 30, 2003.
* *Calendaring request memo*

(3.6) **CHP-Housing & Urban Health** – Request for approval of a new contract with Baker Places, Inc., in the amount of $443,649, to provide behavioral health services targeting Direct Access to Housing participants, for the period of January 1, 2003 to September 29, 2003.
* *Calendaring request memo*

(3.7) **PHP-CHPP** – Request for approval of a retroactive sole source renewal contract with Booker T. Washington Community Services Center, in the amount of $297,000, to provide community action and outreach/education services regarding infant mortality among African Americans, for the period of September 30, 2002 through September 29, 2003. This contract's retroactive status is due to delays in submitting contract and/or support documents, including the annual Cultural Competency report to DPH, which affected subsequent routine contract development and calendaring. The contractor has not been receiving payments under an interim agreement.
* *Calendaring request memo, Cultural Competency report letters, Monitoring report summary, Client demographic information form*

(3.8) **PHP-Behavioral Health** – Request for approval of a sole source contract modification with Walden House, Inc., to incorporate the Haven Grant in the amount of $183,000, to provide residential services with an array of interventions addressing substance, mental health, housing educational, vocational and medical problems and the Practice Improvement Collaborative research grant in the amount of $55,000 to provide administrative support services, for the period of February 1, 2003 through June 30, 2003. Total amount of the contract for FY 02-03 is $7,886,465.
* *Calendaring request memo*

(3.9) **PHP-Behavioral Health** – Request for approval of three new retroactive contracts for the term of January 1, 2003 through June 30, 2004 with three contractors (listed below) awarded pursuant to Request for Proposal (RFP) 21-2002, to conduct assessments for and provide Therapeutic Behavioral Services to eligible children and youth, birth to twenty-one, and their families who reside in and out of the City and County of San Francisco. For a total combined

contracts amount of $2,562,000 for the 18-month period. The contracts are retroactive to January 1, 2003 due to delays in negotiating rates for units of service and the need for contractors to revise budget documents.

Contractor	Proposed FY 02-03	Proposed FY 03-04	Total Award
Edgewood Children's Center for Children and Families	$604,000	$1,208,000	$1,812,000
Seneca Center	$150,000	$300,000	$450,000
Fred Finch Youth Center	$100,000	$200,000	$300,000
TOTAL	$854,000	$1,708.000	$2,562,000

** Calendaring request memo*

(3.10) **PHP-Behavioral Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $430,776 per year, for a total contract value of $1,723,104, to provide mental health services targeting clients with AIDS/HIV disease or disabling HIV disease who are low-income and uninsured or underinsured, for the four-year period of July 1, 2002 through June 30, 2006. This contract is retroactive due to the need to separate, to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budgets. The contractor has continued to provide services and is currently not receiving payment.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.11) **PHP-Behavioral Health** – Request for approval of a retroactive contract modification with Mount Saint Joseph-Saint Elizabeth Epiphany Center for Families in Recovery, in the amount of $516,072 for the 2002-03 fiscal year, to provide funding for two new programs, residential treatment services for pregnant/postpartum adult women and overnight partial day services at the Broderick House and one-time additional funding for expansion of the adult intensive outpatient program, for the period of July 1, 2002 through September 29, 2003, for a total contract amount of $852,823.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**

6) **FOR ACTION:** **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2003**

7) **FOR DISCUSSION:** **ADOLESCENT HEALTH REPORT**
(Iman Nazeeri-Simmons, Adolescent Health Coordinator)
**Report*

8) **FOR DISCUSSION:** **HEALTHCARE ACCOUNTABILITY ORDINANCE UPDATE**
(Anne Kronenberg, Director of Policy and Planning)
**Update*

9) **FOR DISCUSSION:** **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL REBUILD/INSTITUTIONAL MASTER PLAN (IMP) STATUS REPORT**
(Anthony Wagner, CEO, Hospital Systems)
**Report*

10) **PUBLIC COMMENTS****

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

SF
120
#2
1/21/03

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 21, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 30 2003

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 7, 2003

Action Taken: The Commission approved the minutes of the January 7, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) Update on Walden House's 2002-03 contract.

- Commissioner Monfredini said that an agency with a history this long should never have gotten into this situation. Mr. Acampora, the Executive Director, agreed and said the agency has been working very hard over the past two years to address the problems that were created by a systems conversion and the tremendous growth of Walden House. Walden House has only been in this situation once in its 34-year history and was able to overcome it, and he feels confident that they can overcome this situation as well. Commissioner Monfredini emphasized that the agency has tremendous challenges and she is concerned that they will not be able to meet these challenges in six months. Debi Lowis, Chief Administrative Officer, said November was not a good month for Walden House in that they did not get money from the State, but December was a better month, and as of Friday they had $900,000 in the bank, which just about meets payroll. They are anticipating getting funds from the State contract in the next two weeks. Commissioner Monfredini emphasized that no one wants to see the agency fail. She asked if there was still a Walden House Foundation. Ms. Lowis said that there never really was a functioning foundation, and that the woman set up her own 501(c)3 without anyone's knowledge. Commissioner Monfredini said this could not happen, and asked the current status. The foundation has requested dissolution from the Attorney General. The Charles Schwabb grant will be given to the agency. Commissioner Monfredini said the agency needs to submit formal reports to Gregg Sass on the 15th of each month, and asked for another status report when appropriate on discussions with Cal Mortgage.

- Commissioner Umekubo asked how long Walden House has been without a CFO. Ms. Lowis replied that the former CFO has been on contract, assisting with audits, forecasts, the bond package, and other financial issues, and is committed to staying on with them until a new CFO is hired. They have retained a search firm. They have been without a full-time CFO for 18 months.

- Commissioner Penn asked why the delay in hiring a permanent CFO. Ms. Lowis replied that the first strategy was other priorities—Y2K compliance conversions, etc. When they got to the point where they were current—approximately four months ago—they focused on the CFO search. Commissioner Penn asked about the $1 million loan from the Board of Directors to the Agency. Ms. Lowis said the original intent of the loan was to provide bridge funding until the Wells Fargo loan went through. At this point the loan was interest free. When the Wells Fargo loan did not happen, the loan was extended and made interest bearing. Commissioner Penn is concerned about the discrepancy between what Mr. Acampora wrote to the Attorney and the information in the financial documents. Commissioner Penn noted that some of the assumptions in the bond forecast/model are not necessarily grounded in reality. Ms. Lowis said that the experts have made these analyses, and they trust their expertise. Commissioner Penn just asked them to take note of caution. He thanked them for the very detailed corrective plan, but would like more specifics in future reports.

(3.2) **DPH** – Request for approval for retroactive revision of selective DPH FY2002-03 patient rates for Community Mental Health Services and Records and Statistics.

(3.3) **CHN-SFGH Medical Staff Services** – Request for approval of a contract renewal with CheckPoint Credentials Management Services, in the amount of $70,000, to provide as-needed, supplementary credential verification services of clinicians who provide patient care at San Francisco General Hospital, Laguna Honda Hospital and the primary care clinics of the Community Health Network, for the period of February 1, 2003 through January 31, 2005.

(3.4) **CHN-SFGH, HAH AND LHH** – Request for approval of three contract renewals with the following firms: On-Call Therapists, Inc., Physical and Occupational Therapist's Registry, Inc. and Preferred Healthcare Registry, Inc., for a combined total amount of $503,760, to provide intermittent, as-needed rehabilitation (physical, occupational and speech) therapy personnel services for the Community Health Network, for the period of February 1, 2003 through January 31, 2005.

(3.5) **CHP-Violence Prevention** – Request for approval of a contract renewal with San Francisco Study Center, Inc., in the amount of $109,900, to provide fiscal administration of violence prevention community action projects services targeting the Bayview community, for the period of January 1, 2003 through June 30, 2003.

(3.6) **CHP-Housing and Urban Health** – Request for approval of a new contract with Baker Places, Inc., in the amount of $443,649, to provide behavioral health services targeting Direct Access to Housing participants, for the period of January 1, 2003 to September 29, 2003.

- Commissioner Monfredini asked how outcomes would be measured. Mr. Trotz said that the SAMSHA grant includes money for evaluation. Margot Antonnetty added that the grant has several evaluation components that have been incorporated into the contract. DPH will be doing annual monitoring, plus will be instrumental in putting this program together with the agency. One evaluation component is the number of people who go to treatment, stay through the course of treatment, and go back to the housing site. Staff will report the evaluation results as part of the annual contract renewal. Commissioner Monfredini asked to bring this back through the Community Health Network Joint Conference Committee.

(3.7) **PHP-CHPP** – Request for approval of a retroactive sole source renewal contract with Booker T. Washington Community Services Center, in the amount of $297,000, to provide community action and outreach/education services regarding infant mortality among African Americans, for the period of September 30, 2002 through September 29, 2003. This contract's retroactive status is due to delays in submitting contract and/or support documents, including the annual Cultural Competency report to DPH, which affected subsequent routine contract development and calendaring. The contractor has not been receiving payments under an interim agreement.

- Ginger Smyly reported that the agency submitted its Cultural Competency Report last week. Neal Hatten, Interim Executive Director, said he has a six-month contract for interim director but will stay until everything is stabilized. William Lowery, president of the board, said the Board has engaged Compass Point to help with the executive director recruitment process. They have narrowed down to a number of finalists, and should make a selection in the next two weeks.

Commissioners' Comments

- Commissioner Penn asked if the Board is making progress replacing the two deceased board members. Mr. Lowery replied that one was replaced yesterday and they hope to replace the other soon. Commissioner Penn asked how the contract is being monitored. Ms. Smyly said there is an independent evaluator for the contract, and she will give a six-month update to the Population Health and Prevention Joint Conference Committee.

(3.8) **PHP-Behavioral Health** – Request for approval of a sole source contract modification with Walden House, Inc., to incorporate the Haven Grant in the amount of $183,000, to provide residential services with an array of interventions addressing substance, mental health, housing educational, vocational and medical problems and the Practice Improvement Collaborative research grant in the

amount of $55,000 to provide administrative support services, for the period of February 1, 2003 through June 30, 2003. Total amount of the contract for FY 02-03 is $7,886,465.

(3.9) **PHP-Behavioral Health** – Request for approval of three new retroactive contracts for the term of January 1, 2003 through June 30, 2004 with three contractors (listed below) awarded pursuant to Request for Proposal (RFP) 21-2002, to conduct assessments for and provide Therapeutic Behavioral Services to eligible children and youth, birth to twenty-one, and their families who reside in and out of the City and County of San Francisco. For a total combined contracts amount of $2,562,000 for the 18-month period. The contracts are retroactive to January 1, 2003 due to delays in negotiating rates for units of service and the need for contractors to revise budget documents.

Contractor	Proposed FY 02-03	Proposed FY 03-04	Total Award
Edgewood Children's Center for Children and Families	$604,000	$1,208,000	$1,812,000
Seneca Center	$150,000	$300,000	$450,000
Fred Finch Youth Center	$100,000	$200,000	$300,000
TOTAL	$854,000	$1,708.000	$2,562,000

(3.10) **PHP-Behavioral Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $430,776 per year, for a total contract value of $1,723,104, to provide mental health services targeting clients with AIDS/HIV disease or disabling HIV disease who are low-income and uninsured or underinsured, for the four-year period of July 1, 2002 through June 30, 2006. This contract is retroactive due to the need to separate, to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budgets. The contractor has continued to provide services and is currently not receiving payment.

Commissioner Sanchez abstained from voting on this item.

(3.11) **PHP-Behavioral Health** – Request for approval of a retroactive contract modification with Mount Saint Joseph-Saint Elizabeth Epiphany Center for Families in Recovery, in the amount of $516,072 for the 2002-03 fiscal year, to provide funding for two new programs, residential treatment services for pregnant/postpartum adult women and overnight partial day services at the Broderick House and one-time additional funding for expansion of the adult intensive outpatient program, for the period of July 1, 2002 through September 29, 2003, for a total contract amount of $852,823.

The Commission severed Item 3.1 for separate discussion.

Action Taken: The Commission approved Items 3.2 to 3.11 of the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on 3.10.

Commissioners' Comments on Item 3.1 – Walden House Contract Update

- Commissioner Monfredini said that Gregg Sass has asked for five things from Walden House: Hire a full-time CFO; refinance debt; closure of the Attorney General investigation; reduce Accounts Receivables from $9 million to $7 million; and have an unqualified audit. The agency did receive an unqualified audit. The Budget Committee requested that the agency submit

monthly reports to Mr. Sass, the Health Commission be kept apprised of discussions on debt refinance and another update be given to the Budget Committee in April or May 2003.

- Commissioner Parker asked if the Board of Directors is aware of these problems. Ms. Garcia said the Board is aware. Commissioner Parker said that when there are problematic contracts before the Budget Committee there should be a Board member present. Commissioner Sanchez echoed this, particularly since it was a former Board member who originally brought some of these allegations forward. The Board members are the people finally accountable. Commissioner Parker requested a written correspondence from the President of the Board within 90 days stating that they are aware of the problems and on top of the situation.

Action Taken: The Commission accepted the contract update and directed that monthly reports be submitted to the DPH CFO, a status report be presented to the Budget Committee in April or May 2003, and the Walden House Board of Directors acknowledge in writing their oversight of this situation.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget

Overview

On January 10th, Governor Gray Davis presented his outline for bridging a $34.6 billion State spending gap for fiscal years 2002-03 and 2003-04. In addition to the $10.2 billion in mid-year reductions he proposed in December, the Governor's plan includes $11.8 billion in program reductions, $8 billion in state-local realignment, and $1.7 billion in loans. The proposal that has the most significant impact on local jurisdictions is the elimination of the backfill for vehicle license fees for non-realigned programs, which reduces reimbursement to cities and counties by approximately $1.3 billion this year and $2.9 billion in 2003-04.

There are a number of items in the proposed budget that, if passed, would specifically impact revenues at DPH. The two proposals that would have the most significant impact are a proposal to create a new realignment program and proposed changes to Medi-Cal. The total impact of the Governor's budget on DPH is impossible to calculate. However, if adopted, the Governor's proposed budget would reduce revenues to DPH by at least $11.4 million per year. This assumes that the proposed realignment program would provide at least $73 million per year for DPH alone to fund the existing cost of the realigned services. Thus, to the extent that Realignment II revenues fall short, the revenue loss to DPH increases. In addition, the Governor's budget would increase the number of uninsured San Franciscans by 5,900, thus increasing the amount of unreimbursed medical care DPH provides.

"Realignment II"

The budget proposes significant changes to funding for certain health services through a new "Realignment II" program. Realignment II would dedicate revenues from three new taxes (a $1.10 cigarette tax, $.01 sales tax, and an income tax on high wage earners) to fund the following programs at their current level:

- 15% Medi-Cal Share of Cost
- All of Medi-Cal Long Term Care
- Some mental health services (AB 34/2034 and Children's System of Care)

- Alcohol and Drug Programs (Drug Medi-Cal, drug court, Prop 36, and "non-Medi-Cal alcohol and other drug services)
- A new "Healthy Communities" realignment (which includes Adolescent Family Life Program, Black Infant Health Program, Indian Health Program, Local Health Department MCH Program, Expanded Access to Primary Care, Grants-in-Aid for Clinics Program, Rural Health Services Development Program, Seasonal Agricultural and Migratory Workers Program, County Health Managed Care Program, California Health Care for Indigents Program, Rural Health Services Program, Public Health Subvention)
- Increased county share of various programs currently in realignment, including assumption of 100% of non-federal share of IHSS
- Court Security

The first five of these items directly impact DPH. DPH currently receives approximately $73 million for the portion of these realigned services that it provides and would, therefore, need the realignment formula to yield at least this amount just for DPH.

Medi-Cal

In addition to the portions of Realignment II that pertain to Medi-Cal, there are a number of other Medi-Cal proposals that will reduce enrollment, reimbursement and the scope of services under the program.

Eligibility

The following proposals related to Medi-Cal eligibility will result in the loss of Medi-Cal coverage for approximately 5,900 San Franciscans who will then be uninsured:

- Rescission of the 1931(b) Medi-Cal expansion, which would reduce Medi-Cal eligibility for two parent working families from 100 percent of the federal poverty level (FPL) to 75 percent of FPL, eliminating eligibility for approximately 2,900 San Francisco parents.
- Reinstating Medi-Cal quarterly status reports, which will reduce the number of Medi-Cal beneficiaries in San Francisco by approximately 3,000.

As the City's primary safety net provider, an increase in the number of uninsured San Franciscans would result in an increase in uncompensated care for DPH.

Reimbursement

The Governor's budget proposals also reduce reimbursement for Medi-Cal services. It is estimated that the following proposals would reduce revenues to DPH by approximately $10.9 million per year:

- Five percent provider rate reduction in addition to the 10 percent rate reduction proposed in December, for a total provider rate reduction of 15 percent. It is estimated that this will result in a loss of $10.5 million per year for DPH.
- Ten percent rate reduction to mental health managed care, which would result in a loss of approximately $375,000 per year for DPH.
- Rescission of the Aged and Disabled Expansion Program, which extends Medi-Cal with no share of cost to the aged and disabled with incomes up to 133 percent of FPL. Rescinding the expansion would result in a Medi-Cal share of cost for the aged and disabled with incomes above the SSI/SSP benefit level of approximately $750 per month. However, it is likely that because these beneficiaries are very low income, they

will be unable to pay their share of cost and DPH will provide services without this reimbursement.

Scope of Services

The Governor proposes to eliminate 18 optional Medi-Cal benefits, some of which are provided by DPH. It is estimated that limiting the scope of Medi-Cal eligible services will result in reduced revenues to DPH of approximately $500,000.

Next Steps

To address current mid-year reductions, the Assembly has proposed raising the vehicle license fees to previous levels and adopting about one-half of the proposed mid-year reductions. At this time, the Legislature has indicated that it will not consider mid-year cuts in Medi-Cal eligibility, provider rates or optional benefits. The Legislature will continue to debate the budget shortfall in the coming months. It is likely that no significant budget action will be taken prior to the Governor's release of the May Revision of his budget proposal, which will include more accurate figures related to income tax revenues. Also significantly impacting the Legislature's debates will be the Legislative Analyst's report that the budget deficit is $3 billion to $8 billion less than the Governor's estimate. DPH will continue to monitor the State budget debates closely.

Party and Play Study

The HIV Prevention Planning Council, Research Committee and the HIV Prevention Section will host a community forum at Davies Medical Center February 4th at 6:30 p.m. to present descriptive findings from the Party and Play Study. The Party and Play Study is the first study to assess HIV prevalence and risk behaviors, substance use, and HIV prevention and care service use among a group of men who have sex with men recruited exclusively between the hours of midnight and 4:00 a.m. in San Francisco. In addition to presenting descriptive results, a Community Report with study findings will also be released at the meeting.

Occupational and Environmental Health Section Received an Award

The Department of Toxic Substances Control has recognized the DPH Occupational and Environmental Health Section for its exemplary work in pollution prevention. The section was awarded the National Pollution Prevention Week Award for 2002 for its Clean & Green program that aims to reduce the use of toxic chemicals in San Francisco Businesses. Virginia St. Jean, an industrial hygienist with the section, deserves special recognition for the development and her leadership of this new program.

Harm Reduction Focus Groups

The Foster Care Mental Health Program conducted two private provider focus groups to discuss the implications of the harm reduction policy on conducting psychological assessments with dually diagnosed clients. These meetings provided a forum for psychologists to discuss specific issues related to this topic. The forum also acted as a way to introduce and discuss the harm reduction policy as it related to DPH, DHS and the dependency court.

African American Health Summit

An African American Health Summit will be held on January 31st and February 1st, 2003. The goal is to reduce health disparities in the African American community through education and training. Ginger Smyly, Cynthia Selmar, Norm Nickens, Mildred Crear and Rita Times have been participating in the planning and will be presenting at the Summit.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT

January 2003
Health Commission – Director of Health Report
(From 1/13/03 MEC and 1/14/03 JCC)

	1/03	7/02 to 12/02
New Appointments	10	161
Reinstatements		1
Reappointments	30	140
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	8	79
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	1	14
Voluntary Relinquishments	2	19
Proctorship Completed	22	86
Current Statistics – as of 1/1/03		
Active Staff		420
Affiliate Professionals (non-physicians)		160
Courtesy Staff		492
Referring Staff		44
Total Members		1116
Applications In Process	25	
Applications Withdrawn Month of Jan 2003	1	6 (07/02 to 12/02)
SFGH Reappointments in Process Feb. 2003 to May 2003	167	

Public Comment

- L.S. Wilson from the Coalition on Homelessness read a statement directing DPH to reinstitute the study of homeless deaths in San Francisco.

Commissioners' Comments

- Commissioner Monfredini asked if the Party and Play Study forum is open to the public. Dr. Katz said it is.

- Commissioner Guy said that there has been a financial earthquake, and harm will be done as a result of the State budget cuts. The Health Commission has its frames of reference—Strategic Plan, resolutions, etc.—to guide it through the budget process.

- Commissioner Chow asked if the DPH budget that the Health Commission will consider will include State budget cuts. Dr. Katz said that the base budget that will be presented does not include any estimates of state budget impacts. But there will be a five percent contingency that may well be the City's response to state budget cuts. This contingency might be increased.

- Commissioner Monfredini asked if the Health Commission would deal with the State budget impacts when they arrive, or will that be left to the Mayor and Board of Supervisors. Dr. Katz said the Mayor and Board of Supervisors would make this decision.

- Commissioner Parker emphasized the importance of a healthy economy to the success of DPH. The criminal justice system, educational systems and other systems need to step up to the plate and not allow everything from housing to drugs to fall on the steps of the Health Department for providing solutions.

- Commissioner Sanchez said that not only will the State budget impact our programs, but also the Federal budget has not been finalized. DPH really is in a challenging time and it is important to participate in advocating to State legislators and members of Congress.

Special Presentation to Jo Ruffin

Commissioner Chow gave special recognition to Jo Ruffin, Director of Community Mental Health Services, and presented her with a certificate. The Health Commission thanked Ms. Ruffin for her many years of service, commitment and dedication.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY

Commissioner Sanchez presented the Employee Recognition Awards for January.

Individual Awardees	Division	Nominated by
Steven Tierney, Ed.D., Dir. of HIV Prevention Services	SFGH – Administration	James Loyce, Jr., Deputy Director of Health and AIDS Programs
Ana Carcamo, Secretary, Environmental Health Section		Richard Lee and Ken Sato, Environmental Health Section

SFGH Adult Medical Center Nursing Team	Division	Nominated by
Maribel Amodo, R.N.	SFGH Adult medical Center	Nancy Parker, R.N., Nurse Manager
Margo Dextraze-Cordova, R.N.		
Amalia Fyles, R.N., M.S.		

6) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2003**

Commissioner Umekubo nominated Commissioner Chow to serve as President of the Health Commission for a second term.

Action Taken: The Commission elected Commissioner Chow to serve as President of the Health Commission for 2003.

Commissioner Parker nominated Commissioner Guy to serve as Vice President of the Health Commission for a second term.

Action Taken: The Commission elected Commissioner Guy to serve as Vice President of the Health Commission for 2003.

7) **ADOLESCENT HEALTH REPORT**

Iman Nazeeri-Simmons, Adolescent Health Coordinator, presented the Adolescent Health Report.

The Adolescent Health Plan is meant to be a guide to the Department of Public Health. The plan focuses on a paradigm shift on how the Department should approach adolescent health. The Adolescent Health Plan was built off the work of DPH's Strategic Plan.

Three main goals:

- Health needs are identified and addressed
- Health services are integrated and coordinated
- Health policies and initiatives are promoted

Ms. Nazeeri-Simmons presented demographic data on adolescents and young adults in San Francisco, as well as the latest Youth Risk Behavior Survey data. Youth between 10-24 represent 15 percent of San Francisco's population. This population is more diverse than the rest of the population. 28 percent of San Francisco students attend private schools, and Asian/Pacific Islander, Latino and African American Youth are over-represented within the San Francisco Unified School District.

The San Francisco Youth Risk Behavior Survey data demonstrates that San Francisco youth are dealing with compelling issues. Nearly half of high school students have tried smoking cigarettes. Most students (70%) have not had sexual intercourse. In the 12 months prior to the survey, 14 percent had suicidal ideation; 29 percent reported feeling sad or hopeless. For middle school students, 20% reported suicidal ideation and 60% reported feeling sad or hopeless.

The Adolescent Health Plan grew from the California Adolescent Health Collaborative strategic plan. The eight recommendations were developed as a result of a collaborative effort with DPH, DCYF DJP and DHS staff, the school district, Youth Commission, and San Francisco youth advocates.

Eight Recommendations for Achieving Adolescent Health

1. Integrate youth development principles and practices into youth programs and services
2. Support families and communities to maximize health and well-being
3. Eliminate racial and ethnic health disparities

4. Ensure the health of vulnerable youth populations, including youth in foster care, youth in the criminal justice system, newcomer youth, lesbian/gay/bisexual/transgendered youth, homeless youth and youth with special needs.
5. Integrate school-based health and public health
6. Ensure that environments where youth live, learn and work are healthy
7. Coordinate adolescent health programs and services
8. Ensure access to and utilization of comprehensive health care services

The plan includes specific department program strategies for improving youth health. These strategies were developed collaboratively with program directors and staff. The areas of adolescent health that are addressed are: behavioral health (alcohol, tobacco and other drugs, and mental health); environmental health; injury and violence; nutrition and physical activity; oral health; primary care and sexual health.

Next Steps

- Work with sections to achieve program strategies
- Evaluate adolescent health program strategies
- Assess where gaps persist and provide strategic action to address gaps

Public Comment

- Victor Damien is a youth advocate and leader for the Children's System of Care Youth Task Force. He acknowledged the number of youth in the audience who are youth advocates. He stressed the importance of having youth programs in existence, funding youth programs.

- Tajel Shah, DCYF, read the Youth Commission's Public Health Committee's statement, which expresses support for the plan. On behalf of DCYF, Ms. Shah thanked Ms. Nazeeri-Simmons and Barbara Garcia for developing the plan. DCYF intends to use this plan to help prioritize the use of the Children's Fund over the next three years, and is anxious to begin implementing the ideas set forth in the report.

- Sharon Dolan, Health Initiatives for Youth, expressed support and gratitude to DPH for developing this plan, which will be helpful to community agencies in planning their future. Grateful that it includes youth development principles and builds upon work that has already been done.

- Cloteal Norman, Youth Task Force member, read a poem she wrote titled "My Opportunity." She said that without youth programs, youth would really get into trouble. Jo Ruffin honored her last week and this would not have happened if she were not in a youth program.

Commissioners' Comments

- Commissioner Monfredini asked for clarification about whether sexual behavioral was sexual intercourse or sexual activity. Ms. Nazeeri-Simmons said that they only asked about sexual intercourse and they do not have any data on other types of sexual activity.

- Commissioner Umekubo commented that adolescence is a very difficult stage of life. He is concerned with the statistics about the number of youth who are sad and depressed, and systems really need to be put in place, be it through families or community. He is very happy that the youth came to this

meeting, and encouraged the youth leaders to bring as many other youth as possible into their mission to accomplish change.

- Commissioner Parker said the Commission supports that Adolescent Health Plan because youth are the future. He asked if DPH plays a significant role in addressing issues such as poverty, criminal behavior, etc. or are these just taken as fact. Further, does DPH specify the desired outcomes they want to achieve in the next three years? Ms. Nazeeri-Simmons said that each DPH section has its own data that will be used for evaluation purposes. For example the Adolescent Health Office will work with STD to develop goals for reducing the rates of chlamydia in girls. Commissioner Parker would like DPH to work more closely with schools—both public and private—to outreach to and serve youth.

- Commissioner Penn agrees that a paradigm shift is needed. Children should not be looked at as problems. Adolescence is a period of great opportunity. He was struck by the theme in the report that youth need to be involved in all aspects of programs and services. The health of young people is impacted at so many different levels and youth should be used to educate older people. We need to get an estimate of the number of homeless youth in San Francisco. The rates of chlamydia and gonorrhea in the African American community are staggering, and he asked what role OAH has in addressing this problem. Ms. Nazeeri-Simmons said that she works with the various service providers and will work with these programs to address specific problems. Commissioner Penn emphasized that this needs to be treated like the emergency that it is.

- Commissioner Chow asked how the Office of Adolescent Health helps prioritize the strategies laid out in the report. Ms. Nazeeri-Simmons said that the different sections are already implementing many of the strategies. Her role is to work with the programs to provide them various types of information and coordinate efforts, because the program staffs are truly the experts, then to point out where the gaps exist. Commissioner Chow is committed to developing and institutionalizing a process for selecting youth members of the Population Health and Prevention Joint Conference Committee.

- Commissioner Guy said that the Population Health and Prevention Joint Conference Committee will discuss the specific strategies outlined in the report in more detail over the next year. She and Commissioner Parker have long wanted a formal youth voice on the Health Commission, specifically as members of the Population Health and Prevention Joint Conference Committee. She requested an analysis of the costs associated with extending the Healthy Families programs to youth up to age 24.

- Commissioner Sanchez commended staff for an exceptional report. It is critical to look at the quality of the school sites, that they are safe and healthy.

8) HEALTHCARE ACCOUNTABILITY ORDINANCE UPDATE

Anne Kronenberg, Director of Policy and Planning, along with Frances Culp, DPH, and Jean Frasier, Executive Director of the San Francisco Health Plan, presented an update on the Healthcare Accountability Ordinance.

The Healthcare Accountability Ordinance mandates that City and County of San Francisco contractors provide health care coverage for their employees. Contractors have three options to meet this mandate: 1) offer health plan benefits at no cost to the covered employees; 2) make payments of $1.50 per employee per hour to DPH; 3) participate in a health benefits program developed by DPH. This presentation is focused on DPH's analysis of the feasibility and economic viability of creating a purchasing pool to mee the third option.

Based on preliminary findings DPH has determined that it is not economically viable to create a local purchasing pool or public health plan. However, the landscape has changed and new legislation, AB 2178, has become effective on the statewide level that expands the opportunity for employers to meet the mandate of HCAO through Option 1. This opportunity is through PacAdvantage, the California small business health insurance pool. PacAdvantage is considered a model for health care pools nationwide. The impact of the new legislation on San Francisco businesses are: more employers can join PacAdvantage and provide coverage for their employees regardless of business size; includes part-time employees working 20 hours or more per week; businesses can now comply with HCAO through a private health plan.

To determine the interest in a local purchasing pool, DPH and the Office of Contract Administration conducted a survey of 1,400 contractors. Twenty four percent of the surveys were returned. Of those returned, 62 percent said they were not interested in this option.

Reasons why local pool is not economically viable as compared to commercial insurance

- Administration cost is higher for the small number of HCAO-covered employers
- Cost of care would either be the same or higher—utilization would be the same or higher and rates paid to providers would be the same as commercial because a small pool will not have leverage
- Higher administration plus higher cost of care equals a HCAO pool would cost more than existing insurance.

Conclusions

- Employers can now meet the needs of their employees and the requirements of HCAO without creating a local purchasing pool.
- DPH will continue efforts to find insurance options in San Francisco for hard-to-cover employees, specifically those working 15 to 20 hours per week.

Commissioners' Comments

- Commissioner Guy supports the direction, and asked how this decision gets communicated to the Board of Supervisors. Further, what are the options for insuring people who work 15-20 hours per week. Ms. Kronenberg said that this would be a challenge, though luckily the number of people working 15-20 hours is not large. The report will be shared with the Board of Supervisors.

- Commissioner Penn asked if there is an estimate on the number of DPH contractors that would qualify for a local pool. Dr. Katz said that 95 percent of DPH contractors prior to the ordinance offered health insurance to their employees. Commissioner Penn asked if the PacAdvantage program offers similar benefits as other insurance providers. Ms. Frasier said PacAdvantage has three options, and they either exceed or meet the minimum standards developed by the Health Commission.

- Commissioner Umekubo asked how many employers citywide are not providing healthcare. Ms. Kronenberg said DPH does not have this information but will have a better idea when contracts are renewed. He asked how employers find out about PacAdvantage. Ms. Frasier said PacAdvantage is well known to insurance brokers, which is the primary way they become known to employers. Most small employers use brokers. Ms. Kronenberg said that DPH will work with Office of Contract Administration and PacAdvantage to sent a letter to all contractors in the city.

9) **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL REBUILD/INSTITUTIONAL MASTER PLAN (IMP) STATUS REPORT**

Anthony Wagner, CEO, Hospital Systems, gave a San Francisco General Hospital Medical Center Rebuild Update (Attachment A).

Commissioners' Comments

- Commissioner Monfredini supports the direction outlined in the report. She continues to advocate for the opportunity for all the health systems and hospitals in San Francisco to have the ability to do joint planning.

- Commissioner Penn asked if the issue of land availability has been assessed and addressed. Mr. Wagner said that land is available. UCSF currently does not own enough land for a new hospital, but they are in discussions with one of the landowners. DPH does not own any land in Mission Bay. Dr. Katz added that the existing redevelopment plan for the area would almost certainly need to be amended. Commissioner Penn encouraged the planning process to fully explore with equal priority the various options. Commissioner Penn asked if the reason UCSF has not come to the table sooner is a reflection of their being under a different timetable or the fact that they might not value the relationship with DPH. He wants to make sure that we are not pursing options that UCSF does not fully embrace. Mr. Wagner said that the fact that UCSF is willing to share the cost of the consultant contract to evaluate co-location demonstrates a level of commitment.

- Commissioner Guy said that this additional planning time allows DPH to do more ambulatory care planning in follow up to the Lewin Report recommendations.

10) **PUBLIC COMMENTS**

None.

11) **ADJOURNMENT**

The meeting was adjourned at 6:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

DATE: January 13, 2003

TO: Edward Chow M.D., President and
Members of the San Francisco Health Commission

THRU: Mitchell Katz, M.D., Director of Health

FROM: Anthony Wagner, Executive Administrator
Hospital Systems

RE: San Francisco General Hospital Medical Center (SFGHMC) Rebuild Update

SFGHMC Rebuild Planning Update

As you are aware, we had been conducting our SFGHMC Rebuild planning efforts with the goal of presenting a general obligation bond measure to the voters in November 2003. Throughout our planning process, one of the issues that emerged was the potential benefit of co-locating a new public hospital at Mission Bay with the University of California San Francisco Medical Center (UCSFMC). This option has been raised by many community members early in our planning process and was supported by our consultants (Lewin) as an option with compelling benefits. Some of the benefits that we may receive from co-location include:

- Greater opportunity to attract UCSF faculty that serve as SFGHMC medical staff.
- Better backup for the SFGHMC surgical specialties.
- Easier transfer of patients who require highly specialize services from SFGHM to UCSFMC.
- Improved trauma services via a shared helipad. Currently neither medical center has a helipad.
- Potential ability to leverage more funds (DSH, Medicare).
- Potential capital savings.
- Opportunities to share support services (lab, security, parking, translator).

While we may agree there are many challenges to co-locating with UCSFMC, there is also agreement that an exercise in developing a well-considered best-case scenario is essential to coming to a final conclusion regarding the direction we take. Our clients, our staff and the citizens of San Francisco will expect a full review of this option when funding is requesting for this project.

Thus, our planning process has shifted gears. Beginning in February 2003, we, along with UCSFMC have jointly retained Kurt Salmon Associates (subcontractors of the SOM/Tsang

contract already approved by the Health Commission) to facilitate the two groups in arriving at a conclusion around whether co-location options for each institution's proposed new clinical facilities are feasible. We have committed to a six-month planning process that should conclude in late spring. At the end of the consultation we will have documentation available for public distribution that communicates careful consideration of the co-location option. This documentation would serve as a foundation for either supporting pursuit of the option or dismissing, it as a valid but currently, non-viable concept. If the consultation shows that it is feasible and preferable to co-locate with a university hospital, then we would most likely require more time to develop the master plan. At that point we would request a legislative exemption extending our deadline to a later date.

If the consultation shows that it is not feasible to co-locate SFGHMC with UCSFMC then we would continue our efforts to rebuild a separate SFGHMC at the current site. We would likely plan for a bond measure to be placed on a ballot in November 2004 or shortly thereafter. The extra time we would have spent on planning for the co-location may result in our being delayed in meeting the SB 1953 deadline of 2013. If so, we would also request legislative support in granting us a one or two-year extension.

Committee Meetings

The SFGHMC Rebuild Steering Committee, whose members include SFDPH staff, UCSF employees, and community members will continue to meet. Our meeting schedule has been revised to reflect the change in our planning focus. Our next meeting will be February 11, 2003.

Subcommittees continue to work through unresolved issues.

Inpatient Pediatrics and Obstetrics Work Group

Between October and December 2002, a work group of SFGHMC and UCSFMC personnel convened to discuss the recommendation presented in the Long Range Service Delivery Plan that SFGHMC consolidate its inpatient pediatric and obstetric services with another provider. The work group was charged with developing a list of recommendations for short & long term opportunities for consolidation of SFGHMC and UCSFMC inpatient pediatric services under two scenarios: 1) if a UCSFMC Mothers and Children's Hospital were built in San Francisco; and 2) if such a hospital were not built. Approximately 15 administrators and medical providers from pediatric, obstetric, trauma, and family practice were invited to participate in the work group. The group met on three separate occasions. Thus far, there is long-term scenario support for pursuing collaboration with UCSFMC if they build a Mothers and Children's Hospital in San Francisco. Short-term collaboration is less likely, particularly for obstetrics, as UCSFMC is currently operating at capacity and would not be able to accommodate additional patients. A formal report outlining the Work Group recommendations will be presented at a future date.

During the same period, the CHN Planning Office coordinated a pilot survey of SFGHMC patients in the labor and delivery ward to assess the influences on their decision to deliver their child at SFGMC and their preferences regarding a proposed UCSFMC Mothers and Children's Hospital in San Francisco. With the help of four graduate students from the UC Berkeley School of Public Health, a written survey was administered to twenty-three women through

in-person interviews in English and Spanish. The public health students are in the process of summarizing their findings. Once complete, these findings will be presented to the appropriate Joint Conference and the Health Commission.

Ambulatory Care

We have given the Ambulatory Care subcommittee additional time to address issues raised by the Lewin report; e.g., a "super clinic"; absorbing 40,000 clinic visits from the Hospital into community clinic settings; adding an additional 20,000 new visits to community based clinics, etc. They have organized and begun meeting.

SFGHMC Medical Staff Leadership Proposal

The Medical Staff Leadership of SFGHMC recently held a retreat to discuss options for the rebuilding of SFGHMC. They expressed strong support for relocation of the hospital to Mission Bay, regardless of any decision concerning the location of a new University of California, San Francisco Medical Center (UCSFMC). It was felt that this location would be optimal for the recruitment and retention of faculty because it would provide the best potential for research space (both desk top- and bench) and also would provide the critical mass of faculty to maintain a viable academic community. It was also felt the Mission Bay site would also enable more flexibility in structuring patient care services, especially trauma services. The group recognized that there are major barriers that would have to be surmounted in order to move SFGHMC to Mission Bay; however, it was felt that the potential benefits justify the effort that will be required.

Community Outreach

Our external outreach efforts are ongoing. Both the Rebuild and the Helipad Feasibility Study have been discussed at all community outreach meetings. The subjects are discussed in separate presentations, but both are discussed in order that we prospectively share all major planning efforts with our communities. We recently held a training session for those staff that would be potential community speakers.

We have already presented to the East Mission Neighborhood Association, and the Potrero Boosters. Members of both of these groups expressed concerns about placing a helipad on the SFGHMC campus. Many of them also expressed support for relocating the campus to the Mission Bay site. We have also presented to SPUR.

Following up with a suggestion from Commissioner Sanchez, we joined him in a meeting with leaders of several Mission Neighborhood Community organizations to receive their input, concerns and guidance regarding the rebuild. Much concern was raised about the possible relocation of SFGHMC from the current Potrero Site. Many of the concerns focused on the possible loss of easy access to services provided by SFGHMC. Concerns were also raised about the potential economic loss to neighborhood businesses. A much larger meeting is being planned in the near future from names that were recommended by those attending the meeting.

Another presentation is scheduled with SPUR and the Bayview Hunter's Point Community Leaders this month and one with NICOS in February. A full list of community meetings from November 2002 through February 2003 is shown below. We will continue to schedule additional meetings and welcome the Commissioners participation and advice.

DATE	EVENT
11/6/02	SPUR
11/18/02	East Mission Neighborhood Meeting
11/19/02	Potrero Boosters
11/21/02	San Francisco General Hospital Medical Center Advisory Committee
11/25/02	Mission Neighborhood Community Organizations' Leaders
1/23/03	SPUR Community Meeting
1/29/03	Meeting with BVHP Community Health Leaders
2/14/03	NICOS Chinese Health Coalition (includes: Northeast Medical Services, Chinese Community Health Care Association, Chinese Hospital, On Lok Senior Health Services, Self Help for the Elderly)

I will continue to keep the Commission apprised of our activities at the full Health Commission meeting as well as through the SFGHMC and CHN Joint Conference Committees.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

SF
420
#1
1/6/03

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

SPECIAL HEALTH COMMISSION MEETING

Wednesday, February 5, 2003
at
3:00 p.m.
Board of Supervisors' Chamber*
1 Dr. Carlton B. Goodlett Place, 2nd Floor
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 30 2003

SAN FRANCISCO
PUBLIC LIBRARY

***PLEASE NOTE CHANGE IN LOCATION.**

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE BUDGET COMMITTEE WILL ALSO MEET IN THE BOARD OF SUPERVISORS' CHAMBERS. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 21, 2003**
**Minutes of January 21, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) CHN/SFGH-Radiology – Request for approval of a contract modification with The Registry Network, Inc. to increase the amount of the contract from $395,000 to $640,000 and reduce the term of the contract from September 1, 2001 through August 31, 2003 to September 1, 2001 through February 28, 2003, to provide intermittent, as-needed, professional radiology technologists services, with on-call availability 7 days a week.
* *Calendaring request memo*

(3.2) PHP-Community Health and Safety Services – Request for approval of a retroactive sole source contract renewal with American Lung Association of San Francisco, in the amount of $98,214, to provide Childhood Asthma Initiative services, for the period of July 1, 2002 through August 31, 2003. This renewal is retroactive due to State funding adjustments that delayed contract development and calendaring. The contractor has not been receiving payments under an interim agreement.
* *Calendaring request memo, Monitoring report summary*

(3.3) **AIDS Office-HIV Health Services** – Request for approval of a new one-time only contract with Project Open Hand, in the amount of $375,000, for delivered meals, for the period of January 1, 2003 through February 28, 2003.
* *Calendaring request memo, Client demographic information form*

(3.4) **AIDS Office-HIV Health Services** – Request for approval of a new one-time only contract with UCSF AIDS Health Project, in the amount of $81,922, to provide outpatient mental health services, for the period of January 1, 2003 through February 28, 2003.
* *Calendaring request memo, Client demographic information forms*

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a new one-time only contract with San Francisco Food Bank, in the amount of $72,003, for food solicitation services, for the period of January 1, 2003 through February 28, 2003.
* *Calendaring request memo, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **PROPOSED FISCAL YEAR 2003-04 HEALTH DEPARTMENT BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

6) **PUBLIC COMMENTS****

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

The Legislative Chamber of the Board of Supervisors is in Room 250 of City Hall, 1 Dr. Carlton B. Goodlett Place. The Chamber is wheelchair accessible.

The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #47 Van Ness, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call 923-6142.

There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

MINUTES

SPECIAL HEALTH COMMISSION MEETING

Wednesday, February 5, 2003
at
3:00 p.m.
Board of Supervisors' Chamber
1 Dr. Carlton B. Goodlett Place, 2nd Floor
San Francisco, CA 94102

DOCUMENTS DEPT.
FEB 14 2003
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 21, 2003

Action Taken: The Commission approved the minutes of the January 21, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **CHN/SFGH-Radiology** – Request for approval of a contract modification with The Registry Network, Inc. to increase the amount of the contract from $395,000 to $640,000 and reduce the term of the contract from September 1, 2001 through August 31, 2003 to September 1, 2001 through February 28, 2003, to provide intermittent, as-needed, professional radiology technologists services, with on-call availability 7 days a week.

(3.2) **PHP-Community Health and Safety Services** – Request for approval of a retroactive sole source contract renewal with American Lung Association of San Francisco, in the amount of $98,214, to provide Childhood Asthma Initiative services, for the period of July 1, 2002 through August 31, 2003. This renewal is retroactive due to State funding adjustments that delayed contract development and calendaring. The contractor has not been receiving payments under an interim agreement.

(3.3) **AIDS Office-HIV Health Services** – Request for approval of a new one-time only contract with Project Open Hand, in the amount of $375,000, for delivered meals, for the period of January 1, 2003 through February 28, 2003.

(3.4) **AIDS Office-HIV Health Services** – Request for approval of a new one-time only contract with UCSF AIDS Health Project, in the amount of $81,922, to provide outpatient mental health services, for the period of January 1, 2003 through February 28, 2003.

Commissioner Sanchez abstained from voting on this contract.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a new one-time only contract with San Francisco Food Bank, in the amount of $72,003, for food solicitation services, for the period of January 1, 2003 through February 28, 2003.

Action Taken: The Commission approved the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Item 3.4.

Commissioner Chow announced the 2003 Health Commission committee assignments.

Budget Committee
- Commissioner Monfredini, Chair
- Commissioner Penn, Member
- Commissioner Umekubo, Member

Community Health Network Joint Conference Committee
- Commissioner Chow, Chair
- Commissioner Guy, Member
- Commissioner Sanchez, Member

Laguna Honda Hospital Joint Conference Committee
- Commissioner Sanchez, Chair
- Commissioner Umekubo, Member

Population, Health and Prevention Joint Conference Committee
- Commissioner Guy, Chair
- Commissioner Parker, Member
- Commission Penn, Member

San Francisco General Hospital Joint Conference Committee
- Commissioner Parker, Chair
- Commissioner Monfredini, Member

IHSS Public Authority
- Commissioner Parker

San Francisco Health Authority
- Commissioner Umekubo

SFGH Foundation
- Commissioner Sanchez

4) DIRECTOR'S REPORT

No Director's Report was presented.

5) PROPOSED FISCAL YEAR 2003-04 HEALTH DEPARTMENT BUDGET

Mitchell H. Katz, M.D., Director of Health, presented an overview of the proposed fiscal year 2003-04 Health Department Budget (Attachment A).

Public Comment

- Latanya Hurst spoke in support of saving the Mental Health Rehabilitation Facility (MHRF).

- Adrienne Warren said DPH need to assist the mentally ill and maintain the MHRF.

- Emeal Powell spoke in support of saving the MHRF. Her son is a resident of the MHRF.

- Angela Billy Cassidy, spoke in support of saving the MHRF. He submitted a copy of his testimony (on file).

- Michael Baker, client of the MHRF. The MHRF runs perfectly well, so don't take the chance of change putting people on the street. Mr. Baker submitted a list of other MHRF residents who are opposed to the cuts (on file).

- Rochelle Robinson, resident of the MHRF, supports the facility, which gives a brand new meaning to healthcare. She submitted a copy of her testimony (on file).

- Iain Reid spoke in support of saving the MHRF. He submitted a copy of his statement (on file).

- Allah Davies, MHRF resident, advocated for keeping the MHRF open. He submitted a copy of his statement (on file).

- Ronald Wimbush spoke about how important the MHRF is.

- An anonymous speaker spoke in support of the MHRF.

- Abner Boles, Ph.D., executive director of Westside Community Mental Health, said the proposed budget preserves are being preserved, but there are cuts in services to children and families that are truly prevention services. He urged the Commission to preserve programs that serve children and families.

- Kate Walker, Mental Health Board, spoke in support of the day treatment centers.

- Greg Senegal is opposed to cuts in Walden House' contract.

- Dr. Brian Greenberg, representing Walden House, spoke against the proposed cuts.

- Karen Redus, Walden House, said 12-step programs do not work for everyone and she is opposed to the cuts to Walden House's continuing care program.

- Fermin Loza spoke in support of Walden House's continuing care program.

- Andrew Hayes asked the commission to reconsider the importance of specialized outreach to homeless people. He submitted a copy of his testimony (on file).

- Reverend Yvette Flunder, Executive Director, Ark of Refuge, asked the commission to direct another $90,000 to the program the program can continue at its current census.

- Chris Miller, peer counselor at the MHRF, said the changes to the MHRF are not going to work for the patients. It will end up costing more money for hospitals and jail.

- David Mallorich spoke against the cuts at the MHRF.

- Greg Rosko spoke in support of the MHRF.

- Emmet Scanlan, MHRF resident, opposed to closing the MHRF. San Francisco has the money to maintain this facility.

- Marilyn Williams MHRF resident, opposed to closing the MHRF.

- Abdullah Megahed spoke against the budget cuts.

- Cynthia Petticord spoke in support of the work of the Hope Team. She submitted a copy of her testimony (on file).

- Jonathan Vernick Baker Places, supports the principles that were used to develop this budget however some of the cuts in day treatment affect residential treatment programs, such as Robertson Place, and he is opposed to such cuts.

- Jerry "Frosty" Wiseman spoke in support of the HOPE outreach team. Please continue their funding.

- Deborah Smith, employee of the MHRF, opposes changes in the MHRF.

- Danielle Evans, Tenderloin Housing Clinic, spoke in support of the HOPE team. She has seen the team save lives.

- Steve Fields, Executive Director of Progress Foundation, spoke on behalf of the Human Services Network. Urged the Health Commission to take a stand for health care and opposed to the cuts. The Health Department should no longer have to take this level of cuts when there are sacred cows in the budget.

- Eve Meyer, San Francisco Suicide Prevention, said suicide is the end stage of mental illnesses and addictions. Urged the Health Commission to say no to these cuts.

- Criss Romero, IFPTE Local 21, urged the Department to allow staff to express their opinions. If the process is going to move forward, honest, truthful information needs to be given to staff and patients.

- Patrick Monette Shaw – Dr. Katz just testified that DPH was unable to hire these six nurses, because it had to cut these positions in the current fiscal year; he now wants to chop the unfilled positions next year. However, on page 155, Dr. Katz claims -- playing the blame game -- the nursing positions went unfilled because funding hadn't been "added back" by the Board of Supervisors. In realty, the Union's assert that the Mayor's office had not released the requisitions to fill the positions; requisitions don't land on the Mayor's desk unless funding has been identified by DPH. If you keep postponing hiring nurses for Laguna Honda Hospital, by the time you get around to funding nursing positions instead of these Party Packs, the nursing shortage will be so severe you will not be able to attract nurses to public health positions in San Francisco. Shame on you for prioritizing Party Packs ahead of public health nurses! These "Party Pack" toys are funded using public health funds diverted from direct healthcare services.

- Rex Spray, RN, President of SEIU Local 790 RNs, understands the difficult situation facing the Department. The deficit is real, but they believe the proposed budget is a short-term solution.

- Matt Crawford opposed to closing the MHRF.

- Charles Collin, E.D., Family Services Agency, spoke in opposition to cuts in day treatment. Last year the Commission was able to maintain day treatment and should do so this year. He is also concerned about the second round of budget cuts.

- Pier Schwartz, Family Service Agency, is opposed to the proposed day treatment cuts. There are no alternatives in place for seniors who receive these services.

- Frank Ngo, SFGH interpreter services, opposed to cuts in interpreter services at SFGH.

- Chauncy Taylor, employee at the MHRF, said closing the MHRF will put people who suffer from many mental illnesses on the streets.

- Georgia Creel, President of Drug Abuse Advisory Board, spoke in support of the SF Drug Abuse Advisory Board and the City-wide Alcoholism Advisory Board.

- Ramona Davis, M.D., spoke in support of the Bayview Thunderseed Day Treatment Program. Case management is not a replacement for day treatment. Please reconsider these cuts.

- Rebecca Morrow, Public Health Nurse and SEIU member, concerned about the cuts to the most vulnerable people in the city.

- Randy Joy is opposed to draconian budget cuts. He strongly supports the HOPE team and the Healthy Realization project. These decisions will result in death.

- Dr. George Davis, Executive Director of Bayview Hunters Point Adult Day Health Center, asked the Commission to not cut the program.

- Dennis Raab, MHRF employee, is opposed to closing the facility. Many people will have to be transferred to facilities outside of the city, which is more expensive and not fair to patients and families. The acuity of patients has increased who are not fit to return to the community. These people will only come back into the emergency psychiatric system.

- Richard Heasley, Executive Director of Conard House, said the cut to their Jackson Street residential treatment facility is being driven by revenue rather than treatment efficacy. These beds are hard to find, hard to permit, and hard to license so this is a shortsighted decision. Mr. Heasley also spoke on behalf of the Mental Health Contractors Association. Please take a strong stand in the language in the resolution in favor of public health and challenge the premise that underlies the mayor's budget instructions.

- Jackie Jenks, Executive Director of Central City Hospitality House. She appreciates the difficult position the Health Department is in, and said the list of the mental health, substance abuse and primary care are devastating and urged the Commission to tell the Mayor that the cuts are unacceptable. She said the self-help center is more than just a referral service.

- Esther Chavez, director of Tenderloin Self-Help Center, urged Commission to oppose closing the center.

- Luther Richert, Central City Hospitality House, said the self-help center is much more than a referral service. They provide myriad services to homeless people.

- Suzana McKenzie urged the Commission to consider the human costs that will result from eliminating the MHRF.

- Lori St. John Baldwin said SFGH should be given more money, not asked to cut programs. It is the Health Commission's duty to convey this.

- Philippa Ruttgaizerm, MHRF employee, is opposed to the closure. The residents need the current level of care.

- Piers MacKenzie spoke in support of the MHRF. His daughter has made great progress through her care at the MHRF.

- Toni Maines, said that the Patient Referral and Assistance at SFGH has evolved. She submitted a written copy of her testimony (on file).

- Carol Cheung urged the Commission not to cut services at Chinatown Public Health Center.

- Barbara Farrell, Ohlhoff Recovery Program, urged the Commission to oppose cuts in substance abuse services.

- Merrill Buice, San Francisco Human Service Network, urged the Commission to send the Mayor a strong message to preserve safety net services for vulnerable San Franciscans. She submitted a copy of her testimony (on file).

- Kent Woo, NICOS Chinese Health Coalition, thanked the Department for using the Strategic Plan to guide the budget reductions, to maintain Healthy Kids, cut administration before programs, and prioritize prevention. He is concerned about cuts to the SRO program.

- Renee Saucedo, Day Laborer Program, said they will not accept cuts being made on the backs of day laborers. Hundreds of people depend on the HOPE team. Without HOPE, the day laborers will not access the health services they need. She is appalled that the Commission is considering eliminating translation services.

- Eduardo Palomo spoke in support of health services for the Day Laborer Program. Without them there will be an epidemic in the city.

- Julio Loyola, Day Laborer Program, spoke in support of the HOPE program. Many Latinos need this help in order to survive.

- Ben Rubilcalva, employee at Laguna Honda Hospital, is opposed to contracting out the laundry.

- Shira Shavit, M.D., Family Practice Resident at SFGH, spoke in support of the translators at the hospital. 50% to 70% of her patient panel is monolingual non-English speakers. She depends on interpreter services—there are not enough currently.

- Reini Jensen, SFGH Physician Resident, urged the Commission to demand from the Mayor that more money be allocated to health care in San Francisco. Support staff at the health centers is already at a minimum and should not be cut further.

- Ed Kinchley, SFGH/SEIU 790, said that if many of the proposed cuts are made, people will not be able to find prevention services or primary care services that they need. Need outreach and referral. It is discriminatory to cut interpreter services.

- Michael Lyon said the Health Commission is not the appropriate body to make cuts that will kill hundreds of people in San Francisco. They need to say no more. No justice, no peace.

- Terry Bautista, California Healthcare Interpreters Association, is opposed to cuts in translation services at SFGH. She submitted a copy of her testimony (on file).

- Jennifer Friedenbach, Coalition on Homelessness, said the Fire Department and the Police Department would never accept cuts of these levels. The Health Commission cannot send a budget to the Mayor that reduces substance abuse services, day treatment, mental health and homeless services.

- Michael Weinberg, field representative for SEIU Local 535, said there has to be other alternatives to solve the budget. The cuts that are proposed are too severe to the citizens of the city.

- L.S. Wilson, Coalition on Homelessness, urged the Health Commission to reject all these cuts and demand that the Mayor find savings that do not target poor people. He distributed a fact sheet to the Commissioners (on file).

- Raychel Headspeth spoke in support of Walden House. Walden House helped her change her life and she urged the Commission not to cut funding.

- Delphine Brody, Mental Health Association of San Francisco, is opposed to the cuts in community-based mental health services.

- Jayne Snook has a brother in the MHRF. Please do not close this facility. These are not just budget cuts, these are lives. Stand up and say no to the cuts.

- Pamela Fischer, President of National Alliance for the Mentally Ill, said her son has been helped tremendously by Walden House and Baker Places. She is broken hearted that the system is being nibbled away at because it is a house of cards.

- Teresita Gatan, SFGH employee, said the care the hospital provides to patients is being compromised by cutbacks. She asked the Health Commission to recommend more funding to the Health Department rather than accept cuts.

- William Bradley Bauman is a graduate of the MHRF. The MHRF has many programs such as yoga, art, money management, library, volleyball and many others. Do not change the program.

- Karen Patterson Mathew, Executive Director of Bayview, spoke in opposition to the cuts.

- Kathleen Dobson, Health at Home, is opposed to the proposal to eliminate three home health aides. Helping people heal in their homes is less costly than having them heal in a hospital. She submitted a written copy of her testimony (on file).

- Bryan Uyeno, Laguna Honda Hospital laundry worker, spoke in opposition to contracting out the laundry. By contracting out, the other laundry companies will pay poor wages and have poor working conditions. Sixty three workers will be displaced.

- Byron Holcomb, Laguna Honda Hospital laundry worker, is opposed to the cuts in the Health Department, and asked the Commission to use the higher power it was given when making these decisions.

- Sonny Quiniquini, Laguna Honda Hospital laundry worker, is opposed to contracting out the laundry. Without the workers DPH would not have a Laguna Honda Hospital today. It has the money because the Health Department executives received bonuses.

- Mary Kate Connor, Executive Director of Caduceus Outreach Services, said these cuts disproportionately target people with mental illnesses and substance abuse problems.

- Clearon Johnson said thanks to the services she received she is a productive member of society.

- Larry Bevan, Local 250 shop steward, expressed concern about the reprogramming of the MHRF. He submitted a copy of his testimony (on file).

- Josie Mooney, Executive Director of SEIU 790, said some of the proposed cuts are in outright violation of the MOU. These proposals should not have been made solely by the Department—should have included unions, community, non-profits and others.

- Margaret Brodkin, Executive Director, Coleman Advocates for Children and Youth, thanked the Department for supporting the Healthy Kids program. But the Commission should reject the concept of across-the-board cuts throughout the city. Not every department is equal. Demand a humane and progressive budget.

- Sally Ann Buchmann, shop steward and SFGH employee, said the MHRF should continue in its current form. She also supports retaining bilingual services at the hospital. She cannot do her job without the translators. She also supports the substance abuse program. Don't balance budget on overworked city workers and the poor.

- Vincent Villarreal, Psychiatric Emergency Services, the proposed cuts will mean more patients in emergency services. The MHRF clients go to PES, and are glad that the MHRF is there for them. Without the MHRF, the people will get worse.

- Feo Jacobsen, SFGH Department of Psychiatry, is opposed to the closure of the MHRF.

- Deborah Logan, SFGH Department of Psychiatry, is opposed to closing the MHRF and cutting substance abuse services. Mental health and substance abuse services cuts are disproportionately represented in the proposed budget reductions. Mental health patients have the right to be treated in their community.

- Otto Duffy, Tom Waddell Clinic Community Advisory Board member, said the proposed budget cuts will create more activism among consumers, which is one silver lining. He's opposed to the proposed cuts.

Testimony submitted in writing by members of the public

- Brad Shapiro – My name is Dr. Brad Shapiro, and I am a family physician who provides care to homeless families in San Francisco through the Homeless Families program based at Tom Wadell Health Center. Given the extraordinary breadth and depth of the proposed cuts in mental health, substance abuse, and homeless outreach services, I feel the need to register my strong conviction that these cuts will have a severe impact on many San Francisco residents. These deleterious effects will be most concentrated among the people with the least ability to deal with them and will perpetuate the circumstances that drive people into homelessness. As you know, medical and mental illness as well as substance abuse are major causes of homelessness. Cutting necessary services will not result in cost savings and will cause increased suffering. Please consider cutting services and tax breaks to the wealthy and healthy who can take care of themselves rather than removing the final safety network for people in desperate need.

- Damon Eaves – Dr. Katz said that it doesn't make sense to have outreach workers giving information on programs if there are no programs for the clients to go to. The HOPE team was not a referral program. Based out of Tom Waddell Health Center, composed of two social workers and a health worker our mission was to engage, build rapport, and offer services to the

homeless, street based clients who were unable to do it on their own. The services offered are already in existence. This 3-person team provides services to hundreds every month at the Mission Hotel, Jefferson Hotel, the Man's Place Shelter, Day Labor Program intensive outreach and our weekly Health Realization group. There used to be 11 members on the HOPE team, now there are three, so we have experienced cuts, we don't expect to be left untouched. All we are saying is we have been "touched" already. Our job is to create a bridge between the most needy clients and the services in place for THEM. The reality is, that to have the service is not enough because many of the most needy clients are unable to access or tolerate the system without assistance and advocacy. To save 244k, this vital link is going to be dismantled?

- Irene Lucero - Greetings. My name is Irene and I have been working at the MHRF since the day it was open. It has been a terrible disappointment to see the MHRF close down, that also brought a tremendous impact to both our residents and staff emotionally and mentally. I have considered MHRF as my second home, I started at a young age of 22 and I'm now 28 years old and I have seen a great influence of the care we gave to our residents, the full dedication and hard work that all my colleagues have exerted for the past six years, and it was very fulfilling to see our residents discharged and placed in the community where they are supposed to be, as well as see them achieve their highest level of functioning. I am truly hoping and pray that the County will come out with possibilities and ways that could prevent our facility to be close. Indeed, I do understand the billion of dollars deficit but I hope that the County realizes that a lot of lives and families are relying on these organization. And no matter what happens, I will stay until the bitter end and will give my full support to the residents, staff and to the MHRF. Lets all be together and fight to save the MHRF. God bless and hope for the best.

- Craig Allen Diaz - we want the residents to run the MHRF with a new name and director from residents, staff, or outsider (score)--ranks. We want current employees of over a month's seniority, and a good work record to get a $5000 -- to--$7000 "exception" or lay-off bonus. We will continue a strong medical presence. The new MHRF will be run lean and tight on only residents' monies. The Ccity will save much money in these times of SF budget troubles. We residents especially want the right to refuse drugs!!!! This will be a communal democracy, a housing place for low-income people. We admit there will be big cuts in the budget. We will build and continue connections with SFGH, with visits to residents at SFGH. We demand the right to refuse drugs!!!! We demand an open door!!!! We demand housing now and in the future!!!!

- Jay Wright - My name is Jay Wright. I have worked at the MHRF since it opened in 1996. The DPH plan to reduce the budget deficit by taking the drastic step of closing the MHRF is a tragedy. This facility has provided excellent care for over six years and has been a home to over 150 residents. Not only will the proposed closure displace hundreds of workers, not all residents function at a level that will allow them to remain in the MHRF if "reprogrammed" to a RCF, so they will have to move. There are other ways to reduce the operational expenses of the MHRF, but at a MHRF meeting Gene O'Connell reportedly said, "There is no Plan B" when asked what other options were being discussed as an alternative to MHRF closure. Please tell Mitch Katz to go back to the drawing board, talk to the unions and come up with some viable options! The MHRF really is worth saving, just ask the residents! Thank you.

- Anonymous – To those to whom much power is given: the use of power must be considered.

- Anonymous – I am a peer counselor who knows the value of mental health care. If these budget cuts go through, we will be telling those who have mental illnesses that they are no longer a value to this society. We are telling them that they don't matter. We are telling them that we are a county that encourages freedom but we are not willing to support basic human rights. People that are ill need to be taken care of, the hungry fed, the homeless sheltered. Where are our American and family values?

- Evelyn Bishop – I have been at the MHRF for 8 months. I have been at other "mental health" facilities from anywhere from two days to two months, including Bellevue Hospital in NYC. At the MHRF, we are required to take correct medications for a variety of ailments, from schizophrenia to manic depression, which includes schizoid defective disorder, which means that people spend their time talking to themselves, which can be very annoying, but which the staff at the MHRF handle with aplomb and calm. At the MHRF, I have had the time and the care to admit to having been raped and also owning up to suicidal tendencies, which helped the staff steer me to the correct medications. I no longer have illusions, hear voices, or long for death to take away my mental pain. I choose to endorse the MHRF for its long-term care assistance, in helping me become housed and job ready.

- Dominic Chan, Assistant Director of the Hospital Division of SEIU Local 250 – The proposed conversion of the MHRF into residential care facility raises some serious questions about what will happen to the current clients. About 75-80 percent of the current clients would not be able to stay in the new facility. What happens to these people and the families that come to see them? Is the City and County going to send them all over the state to wherever they can find room? What is the plan for dealing with these clients who have long-term mental illnesses? Also, by changing the MHRF's license, the Health Commission would be going against the will of the voters. In 1987, San Francisco voters approved Measure C, which was a $26 million bond measure to build the MHRF. The building opening in 1996. I am sure that the voters would not be happy that the facility that was built specifically for long term mentally ill patients would only serve that mission for seven years. Local 250 urges the Commissioners to seriously reconsider converting the MHRF.

- Ed Bell – I am an employee at the MHRF, Mental Health Rehab Worker, Class 2303, Certified Nurse Assistant. The re-licensing of the MHRF to a no level residential facility will put many, if not all of our psychiatric patients at risk of homelessness, decompensation and suicide. The patients of the MHRF are residents of San Francisco who have the opportunity to lead productive lives upon ready discharge to go to work, school, live on their own or back with their families. These residents are our mothers, fathers, grandparents, our brothers and sisters, our children and our neighbors. They deserve to continue to receive vial services, quality services and hope for a productive place in society. The MHRF gives them this voice just the way it is. I urge you to not place these patients/people in a situation of uncertainty and unsafe conditions.

- Jennifer Baity Carlin - Closing the MHRF, a locked psychiatric facility on the campus of San Francisco General Hospital will not save money. While it may magically make $8.1 million disappear from Dr. Katz's new budget, what would happen if the MHRF were closed is this: The patients would be discharged into unlocked community facilities where their emotional and behavioral needs could not be met (which is why they are there in the first place.). Then they would either assault someone (costing money in police and medical care response), use drugs (costing money in increased ER and inpatient psychiatric visits), stop taking their medication (which usually lands them back in acute psychiatry as well) and (if they were still alive) would

be brought to the ER or Psychiatric Emergency Room at SF General or sent to high cost locked facilities out of San Francisco. Guess what? All that costs money too. Thank you.

- Lynn Carman - I represent Dr Teresa Palmer, Mr. Ed Kinchley, and the Coalition to Save Public Health-SF in a legal action to compel the City and County of San Francisco to abide by California Health and Safety Code 1442.5. The Superior Court has issued alternative writ of mandamus, which commands the Board Supervisors to comply with public notice requirement of Section 1442.5 before adopting a budget, which reduces the level of medical services at San Francisco General Hospital. The Board of Supervisors has adopted a policy, which the City Attorney states complies with the Superior Court order. The Board's motion, M02-204, calls on the Director of Public Health to notify the Board of any budget provisions, which would reduce the level of medical services in any health facility in the City and County of San Francisco. Under the motion, Director Katz is to post the 1442.5-mandated public notices at the entrances of all health facilities of the City and County of San Francisco with the information required by the statute at least 14 days before the full Board of Supervisors holds the 1442.5-mandated public hearing in advance of adopting such budget provisions. Superior Court Judge Robertson has continued his order to July 31st to see if the City complies with the order, and has directed me to apply to the Court for contempt proceedings if the order is violated. Dr Katz states unequivocally that his budget proposal will cut the level of medical services. Therefore, we expect Dr Katz to comply with the motion MO2-204, under both motion M02-204 itself and the continued Superior Court order prompting the motion. I request this letter be made a part of the public record of this hearing. Information to be supplied to the Board of Supervisors pursuant to its HS 1442.5 obligations must include the service reductions that would result from cuts or freeze to the UCSF-DPH contract.

- Patrick Monette-Shaw - DPH's proposed fiscal year 2003-'04 budget priorities are totally out-of-whack. DPH's base budget eliminates funding for the LHH Increased Nursing Model – intended to provide residential skilled nursing care to 1,065 low income and homeless clients with cognitive and physical disabilities -- by $525,919. Page 13: Dr. Katz's Alice-in-Wonderland logic rationales this cut stating: "We have never been able to provide increased nursing model at LHH." Well, duh! Instead of filling the 6 FTE Nursing positions, DPH is proposing a $150,000 increase for syphilis prevention. DPH is now distributing a "Party Pack" incentive to STD survey respondents; it contains a toy penis, toy syphilis sore, a condom, lubricant, and amazingly, jelly beans. A third squishable toy, at unknown cost, is reportedly being manufactured: A toy antibiotic pill. Where is the evidence-based proof these "packs" will prevent syphilis cases? Until this Commission prioritizes Nursing above these toys, Nursing will never become a priority!

- Sharifa Rahman – I have worked at the MHRF as a mental health worker for two years. I have seen many of our patients who were not able to live in the community when they came to us, improve with our help to the point where they became able to live in the community. Most of our current patients are not able to live in the community (this includes RCFs). It would be a tragic loss if the MHRF were to be converted to a RCF. I beg you to stop this proposal and seriously examine the facts and needs. (Peter Shaw, activity leader at the MHRF, added to the letter "I agree with all the above. I've worked at the MHRF since 10/96.)

- Anonymous – I was patient at the MHRF. Please don't close it down.

- Greg Peter Gery Rosk – I want the MHRF to stay open and I hope the MHRF will stay because it is a very nice place to live at the MHRF and it is a very good hospital. I like everyone at the MHRF and I hope that the MHRF will have a good place to stay in.

- M. Williams – This Is a letter to inform you that I, as a 2-month member of the MHRF facility would like to see this building stay open. The reason for this is that we the patients require nursing care and this facility provides it. At a board and care facility, we would not be as well taken care of. The staff tries to provide for our needs as well as possible, and we the patients feel that they are fulfilling a needed role in the community. The reason for this is that what with people falling mentally ill, there is need for a facility of this type. I don't feel that it is right to slash the budget as MHRF fulfills an important role in the community, a place for mentally ill people to get better.

- Enola Maxwell, Potrero Hill Neighborhood House, submitted a packet of information about the ZAP Program (on file).

- The Family Service Agency of San Francisco submitted a packet of information (on file).

Commissioners' Comments

- Commissioner Monfredini asked the Department to look closely at the day treatment cuts to see if the proposed level of cuts could be reduced. She would also like a breakdown of the HOPE program budget.

- Commissioner Parker emphasized that we are all in this predicament together and we need to work together to close the budget gaps. He will accept any suggestions from the community. He requested a consolidated list of all the programs that are proposed to be eliminated or modified, with a clearer description of the impact the modification will have on services.

- Commissioner Umekubo said we are faced with a situation where we either have to cut or get more money. We have to leave no stone unturned to pursue more funding. He is not sure if the budget before him today is the least detrimental possible, and we need to keep an open mind. What this situation demonstrates is the underfunding of health care from top to bottom. We need to be creative and minimize the damage.

- Commissioner Sanchez said that the safety net no longer exists. The citizens of this city have dedicated money to build a health care system that includes a new Laguna Honda, San Francisco General Hospital, and the MHRF. This quality system is being dismantled, and we need to explore creative ways to salvage a level of quality care.

- Commissioner Penn said the Commission needs to be clear what message it sends to the mayor. It does not make sense to ask departments across the city to make equal cuts. The long-term impact of health cuts are so much greater than cuts in other areas. This must be made clear to the mayor. Second, while the philosophy of maintaining direct services sounds good, reducing ancillary services has a ripple effect. The Commission does not have a good idea of the potential fiscal and long-term health impacts of these cuts, and needs more information to make informed decisions. We cannot cut interpreter services—this budget should be increased. We need to work with non-profits who are getting cut to see if the amount of the cut can somehow be reduced. Finally, we do not have the benefit of the individual division heads' thoughts, and what alternatives were considered. Need to advocate for more money and not blindly accept the cuts.

- Commissioner Guy said the health care system is growing but the safety net is not. She supports that framework that the proposed budget was created within. The Strategic Plan does point the way, but the goals of the plan will be challenged by these budget cuts. The Department cannot improve its situation on its own, but needs the State and Federal governments. She supports areas that the Department wants to expand. She would rather make the tough budget decisions rather than having the Board of Supervisors do it without the informed deliberation of the Health Commission.

- Commissioner Chow summarized the follow up that was requested by the Commission: analyze additional revenue sources; advocate for reducing DPH's target; provide additional information to more fully understand the impacts; put the MHRF changes into context explain how the change affects the mission; more details on what the day treatment changes really mean—are they essential or just nice to have; rationale for a 50 percent reduction to interpreter services; reexamination of the patient referral system function, so that perhaps while there are no nurses, there is staff to make appointments. Commissioner Chow emphasized that the Department should be commended for developing a budget based on a set of principles.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 7:56 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

San Francisco
Department of Public Health
Budget Proposal
FY 2003-2004

Mitch Katz, M.D.
Director of Health

Gregg Sass
Chief Financial Officer

February 5, 2003

City Wide Budget

Total General Fund	$2.400B
Set Asides	1.200B
Discretionary General Fund	1.200B
Total Projected Deficit	0.350B
% of General Fund	29%

City Wide Budget
Detail of Budget Shortfall

Revenues		
- Loss of 1-time revenues used in '02 and '03	$90M	
- Delay in recovery (Hotel, sales tax, other)	50M	
- State Cuts ($105M VLF)	145M	285M
Expenditures		
- Annualized wage costs	50M	
- Other (health ins, WC)	15M	65M
Total		$350M

Mayor's Instructions
Fiscal Impact

	DPH
• 02-03 GF 3% Reduction	$8.7M
• 03-04 Absorb inflationary cost	16.0M
• 03-04 GF 6% Reduction	18.0M
• 03-04 Contingency Plan 10% GF	27.2M
Total Fiscal Impact	$69.9M
03-04 GF Reduction	$61.2M

Adjustments to Base Budget

Increases in cost of doing business

Salary MOU COLA	$16.0M
Nurse Registry	$ 0.5M
Jail Staffing at Required Levels	$ 0.6M
Increased Pharmaceutical Utilization	$ 1.2M
Increased Security Utilization	$ 0.4M
Annualize Star & Camelot Hotel	$ 0.4M
Annualize Therapeutic Behavioral Services for Children	$ 0.1M
Dialysis Center	$ 0.4M
Increased Utilization of NAPA beds	$ 0.3M
Total Increases	$19.9M

5

Adjustments to Base Budget

Increases Due to Regulatory Requirements

Nursing Ratio Title 22 Staffing	$1.0M
IS services to comply with SB1875	$0.3M
Total Increases due to regulatory environment	$1.3M

6

Base Budget
Constraints in Meeting Targets

- General fund partially finances revenue producing services

	SFGH	LHH
Services funded with Revenue	75%	75%
Services funded with General Fund	25%	25%

- High Fixed Costs at SFGH and LHH
- Service Cuts in one area shift cost elsewhere
  - Example – Dialysis maintenance vs. hospitalization
- Children's Services fall under voter defined budget of $32.9M

7

Base Budget
Principles used in Creating the Budget

The Strategic Plan identifies 4 principles to adhere to in times of fiscal constraint

I. Expand community-based alternatives – decrease need for institutional care.
II. Target populations receiving services – allocate resources to those most in need and who lack options.
III. Strengthen and promote prevention.
IV. Use data to reorganize, reprioritize, reduce or eliminate services – based on priorities, performance measures and the Strategic Plan.

We followed these principals, to the best of our ability.

8

Base Budget

Principal I - Expand community based alternatives – decrease need for institutional care

Change license for Mental Health Rehabilitation Facility	$8.1M
Develop Sobering Center	<0.2M>
Increase availability of supportive housing	3.0M
Decrease use of FFS hospitals for mentally ill	0.1M
Total Savings	$11.0M

9

Base Budget

Principle II - Target populations receiving services – allocate resources to those most in need and who lack options.

Increase revenues		$11.8M
Reduce cost of Administration		
Decreased Administration positions	2.0M	
Eliminate Office of Managed Care	0.9M	
Decrease energy costs through conservation	0.2M	
Operationalize Omnicell for savings	0.5M	
Public Health Expense Reductions	0.1M	
Eliminate LHH laundry	1.3M	
Other	0.1M	
Total Administrative Reductions		5.1M
Total Savings		$16.9M

10

Base Budget

Principle II, Continued

Reduce Referral/Education Services	
SFGH patient referral services	$408K
Central City Hospitality House	568K
Reduce and consolidate homeless outreach	245K
Progress Foundation Outreach	384K
Instituto Familiar de la Raza Outreach	21K
Tenderloin Outreach SRO Collaboration	60K
Chinatown Community Development Corp., SRO Families Collaboration	50K
SFAF AIDS Hotline	138K
Inpatient substance abuse consult at SFGH	73K
Community Substance Abuse Pretrial Referral Unit	69K
Total decrease to Referral/Education	$2,015K

11

Base Budget

Principle III - Strengthen and Promote Prevention

No reductions to Prevention

Added funding for expansion of Healthy Kids	$117K
Added funding for STD Control	$150K
Total Increase	$267K

12

Base Budget

Principle IV -Use data to reorganize, reprioritize, or eliminate Services based on priorities, performance measures and the Strategic Plan

Eliminate or reduce Outpatient Substance Abuse Programs	$ 3.1M
Reduce Mental Health Day Treatment and other services	1.3M
Limit Pharmacy Services eligibility to 300% of poverty	1.0M
Eliminate 50% of Interpreter Services at SFGH	0.5M
Eliminate Adult Dental Services	0.8M
Reduce Ark House contract – Ark of Refuge	0.3M
Eliminate Contracts-Aids Emotional/Practical Support	0.8M
Reduce support staff – Health Centers	0.4M
Reduce Home Health Aides	0.2M
Delete LHH increased Nursing Model	0.5M
Close County Jail #7	1.3M
Other	.4M
Total Savings	**$10.6M**

13

10% Contingency Plan

We are continuing work on our contingency plan that would cut an additional $27.2M from our GF and is due on March 15.

Currently, we have identified three areas for possible reductions:

- **Reduce HIV/AIDS Prevention ($1.1M)**
- **Eliminate Mental Health Day Treatment and replace with Case Management ($2.2M)**
- **Close one or more of our 8 Health Centers and sell real estate to yield additional 1-time savings (savings TBD)**

15

Base Budget

The Mayor's Office recalculated our base budget reduction today at $18,016,457. The result is that we will need to recommend an additional $530,610 in base budget cuts prior to the next Health Commission meeting.

No contractor cost of living adjustment (COLA) budgeted: A 1% cola for non-profit agencies and for UC would cost $2.3 million.

14

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

FEB 14 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, February 18, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE SPECIAL MEETING OF FEBRUARY 5, 2003**
**Minutes of February 5, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN–SFGH & HAH** – Request for approval of a contract renewal with Toyon Associates, Inc., in the amount of $385,562, to provide reimbursement and revenue optimization services to San Francisco General Hospital and Health at Home Agency, for the period of April 1, 2003 through March 31, 2004.
** Calendaring request memo, Monitoring report summaries*

(3.2) **CHN–SFGH/Health Information Systems** – Request for approval of a sole source renewal contract with Deliverex, Inc., in the amount of $640,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of March 1, 2002 through June 30, 2004.
** Calendaring request memo, Monitoring report summaries, Response letter*

(3.3) **PHP–Environmental Health and Occupational Health and Safety** – Request for approval to accept and expend retroactively a new grant from the U.S. Environmental Protection Agency through the State Department of Health Services, in the amount of $50,548, for beach water quality monitoring and public notification programs, for the period of November 1, 2002 to September 30, 2003.
** Calendaring request memo, Proposed budget, Grant information form*

(3.4) **AIDS OFFICE–HIV Prevention Services** – Request for approval of a retroactive sole source contract renewal with Harder + Company, in the amount of $273,345, to provide technical support services to the HIV Prevention Planning Council, for the period of January 1, 2003 through March 31, 2004.
** Calendaring request memo, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY**

6) **FOR DISCUSSION AND ACTION:** **FISCAL YEAR 2003-2004 BUDGET REVIEW AND CONSIDERATION OF A RESOLUTION REGARDING THE PROPOSED FISCAL YEAR 2003-2004 HEALTH DEPARTMENT BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Resolution*

7) **FOR DISCUSSION** **PRESENTATION OF THE SECOND QUARTER REVENUE AND EXPENDITURE REPORT**
(Gregg Sass, DPH Chief Finance Officer)
**Report*

8) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION SUPPORTING THE WORK OF THE TASK FORCE TO END EXPLOITATION OF YOUTH**
(Iman Nazeeri-Simmons, Adolescent Health Coordinator)
**Resolution*

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 18, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT
FEB 27 2003
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE SPECIAL MEETING OF FEBRUARY 5, 2003

Action Taken: The Commission approved the minutes of the February 5, 2003 Special Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **CHN–SFGH and HAH** – Request for approval of a contract renewal with Toyon Associates, Inc., in the amount of $385,562, to provide reimbursement and revenue optimization services to San Francisco General Hospital and Health at Home Agency, for the period of April 1, 2003 through March 31, 2004.

(3.2) **CHN–SFGH/Health Information Systems** – Request for approval of a sole source renewal contract with Deliverex, Inc., in the amount of $640,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of March 1, 2002 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini requested a follow-up report to the San Francisco General Hospital Joint Conference Committee in four months.

(3.3) **PHP–Environmental Health and Occupational Health and Safety** – Request for approval to accept and expend retroactively a new grant from the U.S. Environmental Protection Agency through the State Department of Health Services, in the amount of $50,548, for beach water quality monitoring and public notification programs, for the period of November 1, 2002 to September 30, 2003.

(3.4) **AIDS OFFICE–HIV Prevention Services** – Request for approval of a retroactive sole source contract renewal with Harder + Company, in the amount of $273,345, to provide technical support services to the HIV Prevention Planning Council, for the period of January 1, 2003 through March 31, 2004.

Commissioners' Comments

- Commissioner Monfredini asked if things have improved at the HIV Prevention Planning Council. Mr. Loyce replied that a number of things have improved and there is a good relationship between the Planning Council and the AIDS Office. Commissioner Monfredini requested a status report in July to Population Health and Prevention Joint Conference Committee.

Action Taken: The Commission approved the Budget Committee Consent Calendar, with the following reports through the Joint Conference Committees: a four-month status report to the San Francisco General Hospital Joint Conference Committee on Item 3.2, and a six-month status report to the Population Health and Prevention Joint Conference Committee for Item 3.4.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, submitted the Director's Report to the Commissioners.

Federal Budget Passed

Acting more than four months after the start of the 2003 fiscal year, Congress last Thursday completed its work on the 2003 federal budget by passing a $397.4 billion omnibus spending bill that funds every aspect of the government outside of the military. The legislation, which comprises eleven separate FY 2003 appropriations bills, includes an across-the-board reduction of 0.6% to 0.7% but exempts several programs from the reductions, such as health care programs for veterans and the Women, Infants and Children Supplemental Nutrition Program. Though the spending plan includes increases in the National Institutes of Health, the Centers for Disease Control and Prevention, and Medicare

reimbursement, it does not include much-needed fixes for the health care safety net, specifically postponement of scheduled reductions in the Medicaid Disproportionate Share Hospital Program and increases to the States' federal matching assistance percentages. The federal spending does, however, include two DPH-specific funding allocations – $750,000 for the Department's master-leased housing program for chronically homeless and multiply diagnosed individuals, as well as $750,000 for HIV/AIDS programs for women and persons of color. San Francisco's congressional delegation and, in particular, Congresswoman Pelosi, deserve our gratitude for their support of these important initiatives.

Healthy Kids Initiative Press Conference

On January 27th, First 5 California held a press conference with its Chair, actor/director Rob Reiner in the lobby of SFGH to promote the Healthy Kids health insurance program. The San Francisco's Healthy Kids program provides comprehensive health insurance coverage program for children under age 19 living in families with incomes up to 300% of the federal poverty level who are not eligible for other public health insurance programs. Healthy Kids insurance expansions are also available in San Mateo, Santa Clara and Solano Counties. First 5 was established after the passage of Proposition 10, which added a 50 cent-per-pack tax on cigarettes to fund education, health, and child care programs. .

Black History Month Activities

The African American Health Initiative and the Managers of African Descent co-sponsored a number of events celebrating February as Black History Month. An African-American Health Summit was held on January 31st and February 1st. Other events included the African American Health Initiative, Third Annual Educational Cultural Event and Black Infant Health, Afro-Centric Parenting. An African American Behavioral Health Conference will be held on February 21st. For more information, call 255-3427.

Behavioral Health Integration Forum

A community forum will be held on Friday, February 28th, to present an overview and solicit community comment on the Behavioral Health Services planning process. The forum will be held from 10 a.m. to 12 noon, at 101 Grove St., Room 300. For more information call Carolyn Lieber at 255-3740.

Prevention Plan Update

Working towards the development of a five-year prevention plan for the Department, a Prevention Planning Workgroup will be meeting biweekly for the next six months. The workgroup is made up of representatives from each of the sections represented at the extended Community Programs management team. Its function is to do preliminary work, including research and data review on health determinants as well as best practices.

Successful Licensing Survey at Laguna Honda

A team of 15 State Licensing and Certification evaluators completed its annual survey of Laguna Honda Hospital on Friday, February 14th. The State team conducted an exit conference in which it announced preliminary findings of no substandard care issues identified. The evaluators will submit their final survey report in the next few weeks. DPH commends the staff of Laguna Honda for their excellent performance during this year's survey.

NACCHO Newsletter Features DPH Social Justice Programs

The Winter 2003 issue of NACCHO Exchange, the newsletter of the National Association of County and City Health Officials, focuses on health inequities and features an article by Rajiv Bhatia, M.D., M.P.H., Department of Public Health's Director of Occupational and Environmental Health. The article, entitled *Addressing Health Inequities in a Local Public Health Agency: Exploratory*

Strategies, describes some of the efforts towards health equity being undertaken by the Department, such as using participatory action research methods to address the lack of affordability and access to nutritious food in low-resource neighborhoods. The publication can be viewed at http://archive.naccho.org/Documents/naccho-exchange-winter-2002.pdf.

Achievement

Joan Jovero McNicholl, Pharm. D., recently earned the designation of Board Certified Pharmacotherapy Specialist (BCPS) from the Board of Pharmaceutical Specialties. This is the pharmacy's highest credential in the practice of pharmacotherapy. Through board certification, pharmacotherapy specialists demonstrate a defined level of education and training, as well as mastery of the knowledge and skills necessary to meet the public's demand for expert pharmaceutical care. Dr. McNicholl's practice as CHN ambulatory care clinical pharmacist includes medication management clinics at Southeast Health Center, Silver Avenue Health Center and the SFGH Adult Asthma Clinic.

2003 NAPH Fellows Selected

Colleen Johnson, DPH's Assistant Director of Policy and Planning, and Sue Currin, SFGH's Chief Nursing Officer, were selected among many outstanding candidates to participate in the National Association of Public Hospitals' Fellows Program for 2003. This year's program encourages the development and dissemination of a new model for collaboration between government affairs and communications/public relations staff among member hospitals. DPH congratulates them both for their acceptance into this distinguished program.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY

Commissioner Umekubo presented the February Department of Public Health Employee Recognition Awards.

Individual Awardees	**Division**	**Nominated by**
David (Shao) He IS Administrator II	Emergency Medical Services	Michael Petrie, EMS Administrator
Fredy Ramos Env. Serv. Supervisor	Environmental Services	Melvin O. Pipkins, Environmental Services Director, SFGH

Team Awardees	**Division**	**Nominated by**
Syphilis Response Team Felipe Acosta Bart Bartolini Gloria Calero Joseph Engelman Larry Hanbrook Jacqueline Siller Terrance Sha Ilene Zolt	STD Prevention and Control Services	Jeff Klausner, M.D.

6) **FISCAL YEAR 2003-2004 BUDGET REVIEW AND CONSIDERATION OF A RESOLUTION REGARDINGTHE PROPOSED FISCAL YEAR 2003-2004 HEALTH DEPARTMENT BUDGET**

Mitch Katz, M.D., presented a revised Department of Public Health FY 03-04 budget and a resolution for the Health Commission consideration. Since the February 5, 2003 budget hearing, DPH staff compiled data requested by the Commission. They were also able, in a few cases, to work with community partners fashion better solutions that the ones previously proposed. Dr. Katz gave a power point presentation, which is Attachment A.

Public Comment

- Adrienne Warren – closing the MHRF will cost more money than it saves.
- Angela Cassidy – opposed closing the MRHF.
- Greg Rosko – keep the MRHF open.
- Jeffrey Gordon, please to keep the MHRF open.
- Rochelle Robinson, keep the MHRF open.
- Lenorris McCoy, supports saving the MHRF. The MHRF changed his life.
- Leslie Will – There should be no budget cuts. The MHRF should remain open. He does not even think the proposal is legal. He submitted a written copy of his testimony (on file).
- Shumlic Saenz, Western Addition Recovery House, it is hard to get into a recovery program. These cuts will be drastic.
- David Lusk, Western Addition Recovery House, is opposed to the budget cuts.
- Pam Fisher, President of NAMI, opposed to cuts in mental health, which will create bigger holes in the system. She is opposed to cutting the MHRF.
- Carolyn Johnson, opposed to budget reductions in Haight Ashbury Free Clinics Recovery program.
- Dr. Mardell Gavriel urge the Commission to save residential drug treatment.
- Erika Horn, opposed to cuts in day treatment programs.
- Michelle Green, opposed to cuts in the Haight Ashbury Free Clinics OSHUN program.
- Buurta Coxell, Thunderseed program, urged the Commission not to cut these critical services.
- Edward Sawyer, opposed to cuts in day treatment.
- Ernest Mayen, opposed to cuts in Bayview Thunderseed program.
- Steve Slaton, opposed to cuts in the Bayview Thunderseed program.

- Nat Jordan, Program Director, Bayview Thunderseed program, is opposed to all cuts.

- Damon Eaves, opposed to the cuts in the HOPE team. Without support of specialized outreach, many people cannot tolerate systems. And the Department needs to restore the homeless death count. He submitted a written copy of his comments (on file).

- Arthur Bosse, ED of the National Council on Alcoholism in the Bay Area. The largest barrier to treating addiction is money. He urged the Commission not to cut substance abuse programs.

- Barbara Farrell, ED Ohlhoff Recovery Programs, opposed to cuts in the CBO substance abuse infrastructure. Intervention and treatment is prevention.

- Donald Frazier, SF Association of Drug and Alcohol Program Contractors and co-chair of the HIV Service Planning Council. Traditional twelve step programs have no cultural significance in African American, Latino or Native American communities. Do not cut the drug treatment programs.

- Tom Barton, shop steward in dietary department at the MHRF. The city should not be making cuts while giving management bonuses.

- Eloise Westbrook – opposed to cuts in dental services

- Piers MacKenzie, opposed to the elimination of the MHRF. If the facility is closed, where will people, including his daughter, find comparable treatment?

- Karla Thurston, opposed to closing the Bayview Clubhouse. Increase funding for mental health services.

- Norma Hotaling, ED SAGE program, opposed to all the cuts, and recovery works.

- Hunter Gatewood, social worker at the MHRF. Opposed to changes in the MHRF. The patients they serve are not stable. The question is not where are current patients going to go. The question is what will happen to the people who need to come here? He submitted a copy of his written testimony (on file).

- Mr. Ramirez, opposed to cuts in substance abuse services. AA does not work for everyone. If people think it is expensive to keep these programs, it's more expensive to keep people in jail.

- Keith Lindell, opposed to cutting the HOPE team.

- Matt Crawford, please do not close the MHRF. The MHRF saved his friend's life.

- Mickey Shipley, opposed to closing the MHRF. He is disgusted that the mental health and substance abuse consumers have to take the cuts on their backs.

- Susana MacKenzie, opposed to closing the MHRF. The affects of the closure have not been adequately analyzed.

- Dr. Verna Chapman-Lewis, HAFC OSHUN program. The program provides respite, refuge and respect to more than 150 women. Opposed to cuts in this program.

- Kaceem Bennett – HAFC Center for Recovery, opposes cuts to services when services should be increased.

- Melvin Beetle, Senior Action Network, said 22 percent of homeless seniors have mental illness, and do not take the health away from them. Health care and mental health care is a universal right.

- Karen Pavalotti, Local 250, opposed to plan to convert the MHRF. Have dollars for the DPH bonuses been cut from the budget? She urged the Commission to not approve this budget.

- Ed Warshauer, Local 790, if the budget cuts are made, they will result in death. This process is not properly completed. The process needs to be slowed down.

- Lindsay Berger, Youth Commission Public Health Committee, said DPH should not cut programs for people who cannot be served by another, for example the Ark House. Also concerned about cuts to outreach budget. Opposed to cutting the Thunderseed program and Haight Ashbury Free Clinics. She submitted the Youth Commission Public Health Committee's written statement (on file).

- Kathleen Dobson, Health At Home Certified Home Health Aide, opposed to cuts in Health at Home. They cannot be replaced by in-home support services.

- Rebecca Morrow, R.N. urged the Commission to have the wisdom and courage to say no to this budget proposal.

- Ben Eiland, HAFC, said that treatment programs are very different from 12-step recovery programs. The Health Commissioners are the advocates for these services. Treatment works.

- Ed Kinchley, works in the ER at SFGH. His job would be impossible without interpreters at the hospital. The cuts will mean a decrease in quality of services. The Commission has not saved all prevention and promotion services. Vote no on the cuts.

- Mary Magee, opposed to all of the proposed budget cuts. Cuts in interpreter services, patient referral services, substance abuse services all have major ramifications. Vote no on the cuts.

- David Galvez Decorra spoke in support of the Latino House. The program really helps the Spanish-speaking people.

- Roberto Zendevas, from the Latino Commission, opposed to substance abuse cuts.

- Julio Loyola, supports services to the Day Laborer Program, and said the programs help people with mental and physical illness.

- Oscar Fuentes, said the Latino Commission program works well and should not be cut.

- Yehiel Yisrael, Morrisania West, said the city needs more substance abuse and mental health programs, not less. He submitted a written copy of his testimony (on file).

- Nsoah Chionesv, Acupuncture Services at BVHPF, said substance abuse treatment gives clients tools to increase options. Acupuncture is an important tool.

- Willie Burnett, said acupuncture helped him move away from drugs.

- Eve Meyers, said the Commission cannot support these cuts. The community must have mental health services and the Commission must say no.

- Martha Ryan, ED of the Homeless Prenatal Program, said without adequate substance abuse services to treat these women, they go right back into the jails or die on the street. Substance abuse services are prevention.

- Joe Brosnahan, opposed to cutting the BVHPF acupuncture program.

- Michael Lyon, said the PBM was supposed to save money but it has not done so.

- Woman (did not state her name) spoke in support of BVHPF acupuncture services. These services are important to her recovery.

- Janice Hicks, client of BVHPF acupuncture program, urged the Commission to save the program.

- Alfedth Nesbitt, BVHPF, is opposed to the elimination of the acupuncture program. She is also opposed to cuts in any mental health or substance abuse services.

- Jackie Jenks, ED Central City Hospitality House, said that none of the programs slated for cuts are expendable. The closure of the Tenderloin Self-Help Center means 10,000 people will lose these services. This is a prevention program. She submitted written information (on file).

- Esther Chavez, Tenderloin Self-Help Center, said the cuts would mean 200-300 people a day would not get services. More homeless people will be on the streets.

- Nathan, interpreter at SFGH, said that SFGH's mission is contradicted by the proposed cuts in interpreter services. There are already too few interpreters.

- Juidell Preston, on behalf of Epiphany House, because of them she's almost a year clean. Women in recovery need these services. Don't cut substance abuse or mental health. Cut something else.

- Rosalio Gomez, medical interpreter at SFGH, opposed to all cuts, specifically in interpreter services. The department cannot function with only half of its staff.

- Gregory Senegal, said every provider needs the opportunity to present alternate proposals to the Commission.

- Mark Ryan, volunteer at the Tenderloin Self-Help Center, which has been successful in helping people who have been thrown off of GA jobs. The harm reduction services helped him. They do not provide cash, but they do provide care.

- Chris Lehr, urged the Commission not to cut the HOPE team.

- Gene Hartman, supports the services at the BVHPF acupuncture program and is opposed to the cuts.

- Alphonso Moore, client of Walden House, said do not cut services to people who want recovery. The end result will be jails, institutions or death.

- Shelli Fein, National Council on Alcoholism, urged the Commission to oppose all budget cuts.

- Larry Beven, Local 250 shop steward, urged the Commission to oppose the cuts and put these decisions on the elected officials. Let them explain these cuts to the public. The MHRF provides a safe, secure facility thanks to the support from this Commission. Do not end this support.

- Starr Davies spoke in support of the OSHUN center. She has had three success stories through OSHUN.

- Rachel Maclean, DOPE project, said it is ironic that these cuts are taking affect when the care not cash initiative is being put into affect. She is opposed to all of the cuts.

- Jerry Minkos, opposed to cuts in dental services.

- Ed Bell, MHRF employee, supports the MHRF and opposes changes. The patients who need locked care will have to go out of county, which presents a hardship for their families to visit.

- Sasha Cutler, PHN at SFGH, said without interpreter services the mother of Elizabeth Dominguez would not have been able to get counseling services last week after her daughter was killed. Reject the budget.

- J.K. Terry, MHRF employee, is opposed to eliminating the MHRF. Closing it will not save money.

- Jessica Leavitt, client in the Ohlhoff recovery program, said because of drug treatment she is seven months clean and sober, a student at City College, and has a part-time job.

- Janis Bennett, said that through the Ohlhoff women's program she has a relationship with her children and herself. She is now a productive member of society. Don't cut these programs.

- Nancy Cooper, director of Ohlhoff's women's program, said it took over a year to open up a 9-bed treatment facility. They have a 90-women waiting list for one bed. Do not make any more budget cuts affecting substance abuse treatment.

- Jessica McCandless, said that through the Ohlhoff women's program she is a student, has a relationship with her family. Please don't make any budget cuts.

- Andrea Young, client at Ohlhoff and user of acupuncture services. Without these services she would be out on the streets.

<u>Testimony submitted in writing by members of the public</u>

- Mary Will – I am objecting to Dr. Katz's proposed cuts to our mental health programs. The people at the MHRF are very ill and require a locked facility when they are being treated for delusions, paranoia, hallucinations, and often voices. They must have the MHRF to help them return to the community. They need half way houses, day treatment programs, and transitional housing as well. It is unconscionable to take this away from people, most of whom can't speak for themselves. My son is now at the MHRF. He is soon to be released to a halfway house, and the change in him has been dramatic! It is almost like a resurrection. It is criminal to close the MHRF. One more thing: I am able to visit my son every day, but this would be impossible if he were elsewhere—Vallejo or Napa, for example. It would be a terrible hardship on those who don't drive.

- Mary-Lynn Garrett – My name is Mary-Lynn. I am a colleague and fellow professional in the homeless outreach field. I am making a special effort to be here and speak on behalf of my fellow professionals on the HOPE team. HOPE fulfils its name in the following ways. The (1) meet homeless where they are: on the street and in their episodes of inebriation and in their moments of clarity when they can choose to go. 2) HOPE is unique in that it asks SF's homeless to make a change. When that choice is made, HOPE makes sure they get the services to make that change possible, by making these services accessible to the client. 3) Finally, HOPE collaborates with other services to design a supportive community and refer them to housing!

- Robert and Sandra Arkoff - The limited time allowed for intensive psychiatric hospitalizations is insufficient to allow stabilization or provide ongoing treatment. Upon release people often stop medication and quickly become unable to manage their psychiatric needs repeated costly hospitalizations often occur. The MHRF is currently providing invaluable transitional services to our son. We understand that San Francisco is considering leasing 30 beds in outside facilities to provide services. How distressing if our son again needs help but would be # 31 on a waiting list. His life and that of many others is painfully difficult. This wonderful facility is helping him through a difficult time, hopefully to a better life. There are now over 140 beds at the MHRF, if half of those need a locked facility where will they receive care? If as many as one quarter of them return to the psychiatric unit at General where is the savings?

- Jay Wright, 2314 Public Health Team Leader - I am still convinced that there is an alternative to closing the MHRF. I sincerely hope that the Commissioners comprehend the value of this wonderful facility. During the last meeting, you heard from many residents of the MHRF that expressed their concerns over its fate. As you can see, not only are the staff fighting to keep the MHRF open, but the people we serve are willing to do their part. That is because it is worth fighting for! I have worked at private, locked psychiatric facilities and there is a stark difference between them and the MHRF. Our residents receive more individual time with the staff and doctors, they have more opportunities to work and go to school, and they have a much calmer and pleasant environment. In short, the MHRF provides a much more therapeutic milieu. There are options out there to save money. I have heard them discussed among the staff. If only Dr. Katz would ask, he would get some great suggestions.

- Jennifer Baity Carlin - In the Health Commission meeting of 2/5/03, Dr. Katz's budget made reference to the proposed "re-programming" of the MHRF. The MHRF will be closed, not "re-programmed" and its residents (who are in need of this intermediate level of care) will be sent largely to residential care where they are doomed to failure. If they could make it in residential care without psychiatric rehabilitation in the first place, they would be placed there straight out of acute Psychiatry. Using euphemisms in cases like this to make these cuts more palatable may actually have the power to kill people. The proposal to add 30 more locked out-of-county beds dramatically underestimates what will actually be needed. I highly recommend that you visit the MHRF and see for yourself who the residents are and how the closure will affect them. I also urge you to look at alternate ways of funding the MHRF instead of closing it. Thank you

- Mary Senchyna, LCSW - The Mental Health Rehabilitation Facility provides services that do not exist elsewhere. The M.H.R.F. provides a period of time to stabilize, job and education training, case management, counseling for substance abuse and assistance learning self care practices. Our clients have severely decompensated and in the short period at SFGH Acute have not stabilized enough to access these services in the community. When they are able to access these services independently we discharge them to adequate permanent housing or further lower cost treatment. The average stay for our clients is 3 to 12 months depending on their needs. The cuts would mean

people would end on the streets or in jail or forever in city funded locked facilities or the revolving door of PES and acute stays at SFGH. All these possibilities will ultimately cost the city much more money than what it costs to run the M.H.R.F.

Commissioners' Comments

- Commissioner Guy said that these are not welcome cuts. Every service DPH provides is part of the safety net. These decisions did not arrive over the course of a day. The Health Commission should in fact tell the Mayor and Board of Supervisors that these cuts are not what we want and will be detrimental to the safety net. However, it is not appropriate to allow the Mayor and Board of Supervisors to make the cuts—the Health Commission should give the most strategic recommendations. The City's revenue base is not sufficient to provide the necessary services.

- Commissioner Chow emphasized that the resolution approves the submission of the budget, not approval of the budget itself. The resolution asks the Mayor and Board of Supervisors to identify other revenues so that these cuts do not have to be made.

- Commissioner Penn said it is critical to his decision making to know what other cuts were considered and not finally selected. Dr. Katz replied that all DPH programs were considered. Staff made the decision not to cut programs at San Francisco General Hospital and Laguna Honda that generate revenue. At Jail Health, DPH is required to provide care. Given that, there were minimal cuts in these programs. In looking at the other areas, staff made the decision in Mental Health to eliminate day treatment programs because other counties do not provide them and they are quite expensive. They also made the decision not to cut mental health residential treatment or outpatient treatment, because there is no lower level of treatment than outpatient. In Substance Abuse, no cuts were made to detox, methadone or residential treatment.

- Commissioner Monfredini supports the resolution because she respects the fact that the DPH team put it together, even thought the cuts are unacceptable. She also asked that the President and the Vice President of the Commission meet with the Mayor and convey to him just how distasteful these cuts are.

- Commissioner Sanchez respects the great deal of work that has been done by DPH staff but the Commission is steadfast against cuts in the safety net. The budget as proposed dismantles the quality and continuity of patient care. At what point do we say that there will no longer be a safety net or seawall? Any more cuts will indeed dismantle the safety net.

- Commissioner Umekubo said the real problem is the chronic underfunding of the health care safety net. This problem lies with the State and Federal government, and we need to raise the advocacy to that level. If they do not wake up, the safety net around the country will collapse.

Action Taken: The Commission approved amending the proposed resolution by moving the first *Resolved* clause to become the third *Resolved* clause.

Action Taken: The Commission approved amending the proposed resolution by adding the following: *"Further resolved that the impact of the cuts to the base budget, if implemented, be studied and reported by the Department to the Health Commission, with subsequent dissemination of this information to the Mayor and Board of Supervisors."*

Action Taken: The Commission approved amending the proposed resolution by adding the following: *"Whereas the Health Commission has traditionally supported a safety net system for San Francisco's low-income, uninsured and vulnerable populations that is equal or superior to the standard of the State Medicaid program."*

Action Taken: The Commission approved changing the language in seventh *Whereas* clause so that it now reads: *"Whereas, despite the size of the fiscal shortfall, the Department has attempted to preserve all prevention and promotion activities, all children's program, and all residential mental health and substance abuse programs;"*

Action Taken: The Commission approved adding language to the first *Resolved* clause so that it now states: *"Resolved, that the Health Commission strongly urges the Mayor and the Board of Supervisors to identify new revenues, fees or taxes, including State, Federal and extramural opportunities, that could close the City's budget shortfall without reducing vitally needed safety net services;"*

Action Taken: The Commission approved changing language to the second to last *Resolved* clause so that it now reads: *"Further Resolved that although the Health Commission is aware that the contingency plan will by necessity create even larger gaps in the safety net, the Commission nonetheless believes that it is its responsibility to review such a plan prior to submission to the Mayor's Budget Office, and directs the Department to submit such a plan to the Health Commission at the appropriate time;"*

Action Taken: The Commission adopted Resolution # 1-03, "Resolution of the Health Commission approving the Department of Health's Base Budget for Fiscal Year 2003-04, and Urging the Mayor and the Board of Supervisors to Develop Strategies for Avoiding Serious Cuts to the County's Health Safety Net Services," (Attachment B), with the amendments.

7) PRESENTATION OF THE SECOND QUARTER REVENUE AND EXPENDITURE REPORT

Gregg Sass, DPH Chief Finance Officer, presented the 2nd Quarter Revenue and Expenditure Report. This report presents the second quarterly financial projection of revenues and expenditures for the Department of Public Health for fiscal year 2002-03. The projections are based on revenue collected and billed, and expenses incurred for the first six months of the fiscal year ending December 31, 2002. Projections include revenue surplus of $20 million and over expenditures of $11.7 million. Based in this data DPH is projecting a year-end surplus of $8.3 million for FY 02-03.

The Mayor instructed Departments to reduce reliance on the General Fund by three percent, or $8.7 million for DPH. The projections reflect that the Department is a little short of that target at this time. DPH has also committed to an additional surplus of $2 million towards balancing the FY 03-04 budget. The current projections do not show DPH producing this additional surplus. As discussed in the FY 03-04 budget plan, staff believes that a very tight hiring freeze commencing in February 2003 will result in producing this surplus. If this additional surplus is not achieved, additional FY 03-04 service cuts will be required.

8) CONSIDERATION OF A RESOLUTION SUPPORTING THE WORK OF THE TASK FORCE TO END EXPLOITATION OF YOUTH

This item was considered by the Commission prior to Item 7.

Iman Nazeeri-Simmons, Adolescent Health Coordinator, provided background to the Task Force to End Exploitation of Youth.

In June 2002 the Coalition to End the Exploitation of Kids (CEEK) presented testimony to the Health and Human Services Committee of the San Francisco Board of Supervisors. CEEK's presentation brought to light the seriousness of the sexual exploitation of children and youth in San Francisco, and resulted in Supervisor Tom Ammiano authoring legislation to establish the End the Exploitation of Youth Task Force. The Task Force was created in August 2002 and met twice a month for six months. The Task Force developed recommendations, which include: 1) establishing a 24-hour hotline, 2) coordinating community street outreach and services, and 3) opening a secured housing program for girls 12 to 17. The Task Force will present its report to the Board of Supervisors on February 25. A copy of the report was presented to the Commission.

In response to the recommendations, DPH is planning to reprogram an existing eight-bed residential treatment program to serve sexually exploited girls between the ages of 12 and 17. Funding for this program will be obtained through a combination of EPSDT, Medi-Cal, private funding and the State Department of Social Services.

Commissioners' Comments

- Commissioner Monfredini thanked the Commissioners for their support of the resolution.
- Commissioner Sanchez said a breakfast held in support of this effort had excellent testimony, and he thanked Ms. Nazeeri-Simmons and the Department for their work.

Action Taken: The Commission approved Resolution # 2-03, "Supporting the Work of the Task Force to End the Exploitation of Youth," (Attachment C).

Commissioner Monfredini left at 7:30 p.m., just prior to Item 7, which was taken up after item 8.

9) PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 7:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

San Francisco
Department of Public Health
Revised Budget Proposal
FY 2003-2004

Mitch Katz, M.D.
Director of Health

Gregg Sass
Chief Financial Officer

February 18, 2003

Revisions to February 5 Presentation

1) Revision to costs/regulatory requirements		
Lower estimate of security needs	$	<18K)
City Attorney cost		90K
I.S. compliance with SB1875		<100K>
	$	<28K>
2) Further reductions to administrative staff	$	<81K>

Additional Information about Mental Health Rehabilitation Facility

Current Census		**139**
Status		
Referred, waiting for beds	**17**	
To be discharged within 90 days	**47**	
Elegible for SNF level of care	**4**	
Family or community based options	**20**	
Residential treatment	**5**	
Locked IMD	**14**	**107**
Able to Stay at MHRF		**32**

3

Additional Information about MHRF

- **15 bed Adolescent Program will continue as a SNF**
- **Residential care consistent with Supreme Court <Olmstead> Decision requiring care in least restrictive environment**
- **Clients at other non county residential facilities can relocate to MHRF**
- **Savings in reduced expense of non-licensed staff $7.5M**
- **Additional revenue $0.6M**

4

Additional Information about the MHRF Demographics

AGE

Age <mean>	43
Age <range>	18-70
Under 21	4
Over 65	9

GENDER

Female	51%
Male	49%

ETHNICITY

White	37%
Black	31%
Asian	24%
Hispanic	7%
Other	1%
	100%

5

Interpreter Services

Costs

Professional on-site (15 FTEs)	$953K
On Call Interpreters (100)	215K
Sign Interpreters	29K
Telephone Services	9K
Bilingual Pay (361 employees)	873K
	$2,079K

6

Requests for Interpretation Services

Spanish	22,147	44%
Cantonese	18,094	37%
Russian	2,590	5%
Vietnamese	2,541	5%
Mandarin	1,639	3%
Arabic	550	1%
Other <31>	2,464	5%
	50,025	100%

7

Interpreter Services

Revised Recommendation

Decrease proposed reduction in FTE's from 7.5 to 6.0 — $97K

Negotiation

Negotiate with union partners to set minimum hours for bilingual differential to restore 1.5 positions — $97K

8

Mental Health Day Treatment

Family Service Agency has restructured programs to replace $375K of Day Treatment with Case Management and Group Services to produce comparable savings

9

Additional Program Eliminations

Reduce New Leaf O/P Program	**$103K**
Eliminate New Leaf Acupuncture	**25K**
Eliminate Bay View Hunters Point Acupuncture	**149K**
Reduce Asian American Recover Services – Drug Court Treatment Center	**100K**
	$ 377K

10

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-03

APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S BASE BUDGET FOR FISCAL YEAR 2003-2004, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO DEVELOP STRATEGIES FOR AVOIDING SERIOUS CUTS TO THE COUNTY'S HEALTH SAFETY NET SERVICES

WHEREAS, the mission of the Department of Public Health is to protect and promote the health of all San Franciscans; and,

WHEREAS, the City and County of San Francisco is facing a $350 million dollar shortfall for fiscal year 2002-03 and the Mayor's Budget Office has required that each Department absorb their own increases in costs, and further decrease their utilization of General Fund by 6% for the base budget and develop a contingency plan that will decrease the utilization of their General Fund by an additional 10%; and,

WHEREAS, the consequence of these instructions is that the Department of Public Health must absorb $20 million dollars in unavoidable increases, and decrease its General Fund usage by $18 million in the base budget and $27 million in the contingency budget; and,

WHEREAS, these are the largest single year General Fund cuts that the Department has ever had to make and that there is no way to make cuts this size without eliminating vitally useful services; and,

WHEREAS, the Department has been creative in increasing revenues by 12 million dollars and developing 5 million dollars of administrative and operations reductions, including the elimination of the Office of Managed Care and the Laguna Honda Hospital laundry in order to limit the impact of service cuts; and,

WHEREAS, the Department projects it can generate an additional 2 million dollars of surplus revenue in the current fiscal year 2002-03 budget by freezing all non-critical positions and requests that the surplus be applied to balance next year's budget; and,

WHEREAS, despite the size of the fiscal shortfall, the Department has attempted to preserve all prevention and promotion activities, all children's programs, and all residential mental health and substance abuse programs; and,

WHEREAS, the Department has allocated new resources to support the sobering center, increased syphilis prevention and control activities, supportive housing, and the expansion of the Healthy Kids Program; and,

WHEREAS, the Department used the principles recommended by the Strategic Plan for planning in times of fiscal constraints to construct the least harmful budget cuts possible; and,

WHEREAS, the Department has recommended reprogramming of the Mental Health Rehabilitation Facility to become a residential care facility so as to decrease expenses and increase revenue without decreasing the number of clients served; and,

WHEREAS, the Department was forced to cut important referral/education services, outpatient and drop-in substance abuse services, change eligibility requirements for outpatient medications, reduce hospital based translation services, reduce adult dental services, eliminate contracts for emotional and practical peer support, and make other service cuts in order to meet the budgetary targets; and,

WHEREAS, the base budget does not contain a Cost of Living Adjustment (COLA) to contractors or to the University of California for providing health services, which will result in the reduction of services to the Department's clients and patients; and,

WHEREAS, the Health Commission has traditionally supported a safety net system for San Francisco's low-income, uninsured and vulnerable populations that is equal or superior to the standard of the State Medicaid program; and,

WHEREAS, the health care safety net is the default system of care for low-income, uninsured and vulnerable populations, and there are an estimated 130,000 people who represent the core of the safety net in San Francisco; and,

WHEREAS, the Health Commission remains opposed to service cuts which will be detrimental to safety net services; now, therefore, be it

RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to identify new revenues, fees or taxes, including State, Federal and extramural opportunities, that could close the City's budget shortfall without reducing vitally needed safety net services; and, be it

FURTHER RESOLVED, that if the City cannot identify enough new revenue to prevent reductions, the Health Commission strongly urges the Mayor and the Board of Supervisors to preferentially protect human services over other services funded by the City and County; and, be it

FURTHER RESOLVED, that the Health Commission approves submission of the Department of Health's base budget for fiscal year 2003-2004 to the Mayor's Office; and, be it

FURTHER RESOLVED, that although the Health Commission is aware that the contingency plan will by necessity create even larger gaps in the safety net, the Commission nonetheless believes that it is its responsibility to review such a plan prior to submission to the Mayor's Budget Office, and directs the Department to submit such a plan to the Health Commission at the appropriate time; and, be it

FURTHER RESOLVED, that the impact of the cuts to the base budget, if implemented, be studied and reported by the Department to the Health Commission, with subsequent dissemination of this information to the Mayor and Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of February 18, 2003.

Michele Olson
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-03

SUPPORTING THE WORK OF THE TASK FORCE TO END THE EXPLOITATION OF YOUTH

WHEREAS, child sexual exploitation is an intolerable public health and crime problem and is on the rise in San Francisco; and,

WHEREAS, it is called sexual exploitation rather than prostitution because the girls and boys are under the age of 18, and therefore it is sexual abuse and statutory rape; and,

WHEREAS, local services are insufficient to meet the intensive needs of exploited youth; and,

WHEREAS, in an unprecedented effort to raise public awareness and take action, the Task Force to End the Exploitation of Youth was formed by resolution 0455-02 of the San Francisco Board of Supervisors; and,

WHEREAS, the Task Force is a broad-based coalition of San Francisco officials, philanthropists, nonprofit service providers, the School District and the community; and,

WHEREAS, the Task Force will be presenting its report with recommendations to the Board of Supervisors on February 25, 2003; and,

WHEREAS, the Task Force has initiated a public awareness campaign to help change attitudes, public policy, legislation and availability of services and create a community climate that will not allow this proliferation of abuse; now, therefore, be it,

RESOLVED, that the Health Commission commends the work of the Task Force to End the Exploitation of Youth in addressing this issue; and, be it

FURTHER RESOLVED that the Health Commission requests the Task Force to work with the Department of Public Health and bring to the Commission a report addressing the Department's response to the Task Force recommendations.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of February 18, 2003.

Michele Olson
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 4, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
FEB 27 2003
SAN FRANCISCO
PUBLIC LIBRARY

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF FEBRUARY 18, 2003**
**Minutes of February 18, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **Behavioral Health Services–Substance Abuse** – Request for approval of a retroactive contract renewal with Addiction Research and Treatment, Inc. d.b.a. BAART, in the amount of $4,984,920 per year, for a total contract value of $9,969,840, to provide methadone maintenance and outpatient counseling services targeting opiate addicted residents including pregnant/post-partum women, for the period of July 1, 2002 through June 30, 2004.
* *Calendaring request memo, Monitoring report letters and summaries, Client demographic information forms*

(3.2) **Behavioral Health Services-Substance Abuse** – Request for approval of a retroactive contract modification with the Regents of the University of California, in the amount of $224,920, to provide substance abuse services targeting clients with AIDS/HIV disease or disabling HIV disease who are low income and uninsured or underinsured, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **Behavioral Health Services** – Request for approval of a new sole source contract with Positive Resource Center, in the amount of $200,000, to provide SSI client advocacy services targeting uninsured patients of the SFDPH Mental Health Centers, for the period of April 1, 2003 through March 31, 2004.
* *Calendaring request memo, Client demographic information form*

(3.4) **CHN/SFGH Radiology** – Request for approval of two (2) contract renewals with Medical Contracting Services and The Registry Network, Inc., for a combined total amount of $900,000 to provide intermittent, as-needed, professional services of Per Diem and Traveling radiology technologists with on-call availability 7 days a week, for San Francisco General Hospital, for the period of March 1, 2003 through June 30, 2004.
* *Calendaring request memo, Price list, Monitoring report summaries*

(3.5) **AIDS Office-HIV Health Services** - Request for approval of the FY 2003-2004 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $33,438,524 for the period of March 1, 2003 through February 29, 2004 for Title I funds, April 1, 2003 through March 31, 2004 for Title II funds and July 1, 2003 through June 30, 2004 for General Fund programs with the following agencies:

AIDS Community Research Consortium	$83,331
AIDS Emergency Fund	$625,583
AIDS Legal Referral Panel	$189,785
American College of Traditional Chinese Medicine	$261,444
Ark of Refuge	$89,345
Asian Pacific Islander Wellness Center	$475,770
Baker Places	$167,164
Bar Association of San Francisco	$73,541
Catholic Charities	$142,403
Community Awareness & Treatment Services, Inc.	$544,836
CompassPoint Nonprofit Services Inc.	$44,269
Continuum HIV Day Services	$506,296
Dolores Street Community Services	$174,033
Family Service Agency of San Francisco	$171,549
Glide Foundation	$93,500
Haight Ashbury Free Medical Clinics, Inc.	$949,678
Harder + Company	$76,900

Immune Enhancement Project		$211,239
Institute for Community Health Outreach		$139,736
Instituto Familiar de la Raza		$345,294
Iris Center		$141,664
Legal Services for Children		$133,213
Lutheran Social Services		$522,067
Lyon-Martin Women's Health Services		$322,737
Maitri AIDS Hospice		$927,317
Marin County		$1,260,249
Mission Neighborhood Health Center		$134,961
New Leaf		$190,609
Positive Resource Center		$263,768
Project Open Hand		$1,208,164
Quan Yin Healing Arts Center		$120,251
Ramsell Consulting Services		$100,178
Saint Mary's Medical Center.		$569,685
San Francisco Community Clinic Consortium		$322,090
SFDPH Community Health Network -Forensics Services		$317,389
SFDPH Community Health Network -Health at Home		$444,755
SFDPH Community Health Network - Primary Care		$2,566,083
SFDPH Community Health Network -SFGH		$1,643,776
SFDPH Community Health Network-SFGH-Positive Health Practice		$174,516
SFDPH Community Health Network-Tom Waddell		$153,662
SFDPH PHP Mental Health Services		$272,217
SFDPH PHP Public Health Laboratory		$55,306
SFDPH PHP STD Services		$167,097
SFDPH PHP Substance Abuse Services		$236,107
SFDPH PHP Housing Services		$8,006,815
Ark of Refuge, Inc	$266,782	
Baker Places	$1,897,157	
Black Coalition on AIDS	$363,347	
Catholic Charities	$1,332,802	
Larkin Street Youth Center	$631597	
Lutheran Social Services	$144,819	
San Francisco AIDS Foundation	$3,298,602	
Walden House	$71,547	
San Francisco Food Bank		$91,058
San Francisco Suicide Prevention		$101,794
San Mateo County		$2,412,486
Shanti Project		$433,984
Tenderloin AIDS Resource Center		$556,231
UCSF/AIDS Health Project		$985,572
UCSF/Men of Color Program		$15,000
UCSF/Pediatric AIDS Program		$161,446
UCSF/Substance Abuse Services		$228,242
UCSF/ Women's Specialty Clinic		$209,663
University of the Pacific-School of Dentistry		$513,392
Urban Indian Health Board, Inc.		$48,300
Walden House		$1,605,462
Westside Community Mental Health Services		$192,522
To Be Determined-HIV Health Services Planning Council Support		$250,000
		$33,438,524

**Calendaring request memo, Allocations list, Boards of Directors list*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE CONTINUED PROVISION OF SURGICAL AND ANESTHESIA SERVICES BY SAN FRANCISCO GENERAL HOSPITAL FOR LAGUNA HONDA HOSPITAL RESIDENTS AND PATIENTS, AND A NEW AGREEMENT THAT MEMORIALIZES THIS ARRANGEMENT**
(Larry Funk, Executive Administrator, Laguna Honda Hospital)
**Resolution*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE APPLICATION FOR LICENSURE OF THE CHRONIC RENAL DIALYSIS CENTER BY SAN FRANCISCO GENERAL HOSPITAL TO PROVIDE SERVICES TO PATIENTS OF THE CITY AND COUNTY OF SAN FRANCISCO WITH END-STAGE RENAL DISEASE**
(Gene O'Connell, Executive Administrator, SFGH)
**Resolution*

7) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF THE AIR MEDICAL ACCESS FEASIBILITY STUDY AND CONSIDERATION OF A RESOLUTION ACCEPTING THE SAN FRANCISCO GENERAL HOSPITAL AIR MEDICAL ACCESS FEASIBILITY STUDY**
(Gene O'Connell, Executive Administrator, SFGHMC)
**Study*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 4, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAR 14 2003

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W., Vice President

2) APPROVAL OF THE MINUTES OF THE MEETING OF FEBRUARY 18, 2003

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the minutes of the February 18, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) **Behavioral Health Services–Substance Abuse** – Request for approval of a retroactive contract renewal with Addiction Research and Treatment, Inc. d.b.a. BAART, in the amount of $4,984,920 per year, for a total contract value of $9,969,840, to provide methadone maintenance and outpatient counseling services targeting opiate addicted residents including pregnant/post-partum women, for the period of July 1, 2002 through June 30, 2004.

(3.2) **Behavioral Health Services-Substance Abuse** – Request for approval of a retroactive contract modification with the Regents of the University of California, in the amount of $224,920, to provide substance abuse services targeting clients with AIDS/HIV disease or disabling HIV disease who are low income and uninsured or underinsured, for the period of July 1, 2002 through June 30, 2003.

(3.3) **Behavioral Health Services** – Request for approval of a new sole source contract with Positive Resource Center, in the amount of $200,000, to provide SSI client advocacy services targeting uninsured patients of the SFDPH Mental Health Centers, for the period of April 1, 2003 through March 31, 2004.

(3.4) **CHN/SFGH Radiology** – Request for approval of two (2) contract renewals with Medical Contracting Services and The Registry Network, Inc., for a combined total amount of $900,000 to provide intermittent, as-needed, professional services of Per Diem and Traveling radiology technologists with on-call availability 7 days a week, for San Francisco General Hospital, for the period of March 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini requested a six-month update on this contract to the San Francisco General Hospital Joint Conference Committee.

(3.5) **AIDS Office-HIV Health Services** - Request for approval of the FY 2003-2004 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $33,438,524 for the period of March 1, 2003 through February 29, 2004 for Title I funds, April 1, 2003 through March 31, 2004 for Title II funds and July 1, 2003 through June 30, 2004 for General Fund programs with the following agencies:

AIDS Community Research Consortium	$83,331
AIDS Emergency Fund	$625,583
AIDS Legal Referral Panel	$189,785
American College of Traditional Chinese Medicine	$261,444
Ark of Refuge	$89,345
Asian Pacific Islander Wellness Center	$475,770
Baker Places	$167,164
Bar Association of San Francisco	$73,541
Catholic Charities	$142,403
Community Awareness and Treatment Services, Inc.	$544,836
CompassPoint Nonprofit Services Inc.	$44,269

Continuum HIV Day Services		$506,296
Dolores Street Community Services		$174,033
Family Service Agency of San Francisco		$171,549
Glide Foundation		$93,500
Haight Ashbury Free Medical Clinics, Inc.		$949,678
Harder + Company		$76,900
Immune Enhancement Project		$211,239
Institute for Community Health Outreach		$139,736
Instituto Familiar de la Raza		$345,294
Iris Center		$141,664
Legal Services for Children		$133,213
Lutheran Social Services		$522,067
Lyon-Martin Women's Health Services		$322,737
Maitri AIDS Hospice		$927,317
Marin County		$1,260,249
Mission Neighborhood Health Center		$134,961
New Leaf		$190,609
Positive Resource Center		$263,768
Project Open Hand		$1,208,164
Quan Yin Healing Arts Center		$120,251
Ramsell Consulting Services		$100,178
Saint Mary's Medical Center.		$569,685
San Francisco Community Clinic Consortium		$322,090
SFDPH Community Health Network –Forensics Services		$317,389
SFDPH Community Health Network -Health at Home		$444,755
SFDPH Community Health Network – Primary Care		$2,566,083
SFDPH Community Health Network –SFGH		$1,643,776
SFDPH Community Health Network-SFGH-Positive Health Practice		$174,516
SFDPH Community Health Network-Tom Waddell		$153,662
SFDPH PHP Mental Health Services		$272,217
SFDPH PHP Public Health Laboratory		$55,306
SFDPH PHP STD Services		$167,097
SFDPH PHP Substance Abuse Services		$236,107
SFDPH PHP Housing Services		$8,006,815
Ark of Refuge, Inc	$266,782	
Baker Places	$1,897,157	
Black Coalition on AIDS	$363,347	
Catholic Charities	$1,332,802	
Larkin Street Youth Center	$631597	
Lutheran Social Services	$144,819	
San Francisco AIDS Foundation	$3,298,602	
Walden House	$71,547	
San Francisco Food Bank		$91,058
San Francisco Suicide Prevention		$101,794
San Mateo County		$2,412,486
Shanti Project		$433,984
Tenderloin AIDS Resource Center		$556,231
UCSF/AIDS Health Project		$985,572
UCSF/Men of Color Program		$15,000
UCSF/Pediatric AIDS Program		$161,446
UCSF/Substance Abuse Services		$228,242
UCSF/ Women's Specialty Clinic		$209,663
University of the Pacific-School of Dentistry		$513,392
Urban Indian Health Board, Inc.		$48,300

Walden House	$1,605,462
Westside Community Mental Health Services	$192,522
To Be Determined-HIV Health Services Planning Council Support	$250,000
	$33,438,524

Commissioners' Comments

- Commissioner Penn asked who works with agencies when they under perform, and who has the ultimate authority for funding decisions. Is it DPH or the HIV Health Services Planning Council? Michelle Long Dixon replied that DPH monitors the programs and works with agencies that have difficulties to develop a plan of correction. If the agency continues to perform below standards, they are no longer funded.

- Commissioner Monfredini said that one of the contractors receiving funding has had financial difficulties, even though the program performs well, and she asked Ms. Long Dixon to carefully watch this agency. Donald Frasier, Director of Contracts with Walden House, said the overall agency financial issues are being addressed.

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the Budget Committee Consent Calendar, with Commissioner Umekubo abstaining on Item 3.5 and Commissioner Sanchez abstaining on Items 3.3 and 3.5. The Commission requested a six-month status report to the San Francisco General Hospital Joint Conference Committee for Item 3.4.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Director of Health, presented the Director's Report.

President's Medicaid Reform Proposal

The Administration's budget includes a new Medicaid reform initiative that would substantially change the current structure of the program. Under the proposal, states would have to maintain comprehensive Medicaid coverage for the estimated two-thirds of beneficiaries whose income levels are low enough that the federal government mandates that they be covered. However, for beneficiaries covered at the states' discretion, states would be allowed to revise Medicaid rules and regulations, simplify and alter eligibility requirements and revise or reduce benefits. States would no longer have to apply for federal waivers to deviate from federal standards for Medicaid eligibility and benefits. The proposal would provide states with a fixed amount of money, rather than matching funds, for the beneficiaries that they decide to cover. States that decide to join the new optional Medicaid program would receive a total of $3.25 billion in additional federal subsidies in 2004 to fund new programs and $12.7 billion over seven years, but federal funding would decrease for the three years after that, resulting in a net of no cost to the federal government. Last month, the National Governors' Association decided that it would not endorse the Administration's Medicaid reform proposal.

AIDSVAX Trial

The results of the first-ever HIV Vaccine efficacy trial were released last week. Though the results were disappointing in that there was no evidence of overall protection against HIV infection among the uninfected vaccine volunteers, the trial's successful completion raised interesting questions and will provide critical information for future trials and for vaccine design.

The AIDSVAX trial was a double-blind placebo trial testing whether a protein resembling the gp120 present on the HIV envelope engendered an antibody response that could prevent HIV infection. Seven injections of vaccine or placebo were given to each of 5,400 volunteers—150 of whom participated through the San Francisco Department of Public Health HIV Research Section. Volunteers also received the best-known behavioral risk reduction counseling with each injection.

While there was no demonstrated efficacy overall in the trial, nor in the subset of 4,856 white and Latino volunteers, VaxGen did report that they detected potential efficacy in the remaining subset of 547 volunteers (black, Asian or "other race"). However, the trial was not designed to address this question of differential efficacy in different racial/ethnic groups, and the numbers are too small to draw definitive conclusions about these preliminary results at this time.

Smallpox vaccinations for health care providers to begin in San Francisco

San Francisco will receive 300 doses of smallpox vaccine this week and vaccinations will begin the week of March 31st, 2003. We anticipate that approximately 50 people will be vaccinated from DPH, SFGH, and three other San Francisco hospitals.

We will not be vaccinating anyone with a contraindication or patient care responsibilities. Each vaccinee will receive extensive education and informed consent prior to vaccination. The vaccinations will be given at 101 Grove Street in the Adult Immunization Clinic on the first floor. Three DPH nurses will be trained to administer the vaccine. Occupational Health at DPH and other hospitals will follow vaccinees and be available to evaluate possible adverse reactions. In addition, a total of 10 San Francisco dermatologists, infectious disease specialists, neurologists, and ophthalmologists will be able to evaluate and care for any serious reactions to the vaccine. In addition, we will be training a group of staff from all 10 San Francisco hospitals to serve as vaccinators in the event of a smallpox emergency.

Advanced Access

Advanced Access is the new scheduling program being adopted by Community Mental Health Services to allow for same day patient appointments regardless of the reason for the appointment. At a meeting of outpatient clinic directors and clinic medical directors at the end of January 2003, 12 out of 15 clinics reported that they are now able to see new individuals for intake evaluations and medication evaluations within 24-48 hours of receiving the request. Of the remaining clinics, the longest waits were up to two weeks for an intake evaluation and medication evaluation.

Nutrition and Physical Activity

Last fall, the Health and Human Services Committee of the Board of Supervisors held a hearing on childhood obesity and how DPH and SFUSD are addressing the issue. At the hearing, testimony overwhelmingly demonstrated that increased health problems related to poor nutrition and lack of physical activity, including diabetes and other precursors to heart and stroke disease, have taken their toll in the health of children.

Supervisor Maxwell will soon be introducing a resolution to form a broad-based task force to assess the extent of the problem, identify resources and best practices, and develop a comprehensive plan to address the problem of overweight, obesity and lack of physical activity in children and youth. Barbara Garcia and Anne Kronenberg met with representatives of various community-based agencies, health providers, advocates and the SFUSD to commit to staffing and participating on the task force and working cooperatively and proactively with others.

Cover the Uninsured Week – March 10-16

A diverse group of Bay Area organizations are organizing an unprecedented weeklong series of events to focus attention on the plight of the uninsured. Activities during the Cover the Uninsured

Week (March 10-16) will include a town hall meeting, medical student debate, screening and enrollment opportunities, a labor-business roundtable, and interfaith services. Bay Area events are similar to hundreds of others being planned in communities across the United States for the week. Information on local events can be found online at: **http:\\www.covertheuninsuredweek.org.**

San Francisco Children and Families DV Free: Multidisciplinary Approaches to Addressing Family Violence Conference

San Francisco SafeStart and the San Francisco Department of Public Health will host a citywide conference on childhood exposure to violence. The conference will be held on April 22, 2003. Special guest speakers include State Attorney General Bill Lockyer and Dr. Alicia Lieberman from UCSF Child Trauma Research Project. Conference information and registration may be obtained online at: **http://www.dcyf.org/safestart**

Commissioners' Comments

Commissioner Chow informed the Commission that the Community Health Network Joint Conference Committee received a smallpox vaccination update last week and the committee was pleased that the City is not only planning for Phase I, but is also developing a comprehensive plan for post-event vaccination.

5) **CONSIDERATION OF A RESOLUTION APPROVING THE CONTINUED PROVISION OF SURGICAL AND ANESTHESIA SERVICES BY SAN FRANCISCO GENERAL HOSPITAL FOR LAGUNA HONDA HOSPITAL RESIDENTS AND PATIENTS, AND A NEW AGREEMENT THAT MEMORIALIZES THIS ARRANGEMENT**

Larry Funk, Executive Administrator, Laguna Honda Hospital, presented the resolution. This resolution memorializes the long-standing practice of LHH residents using SFGH for surgical and post anesthesia recovery services. By doing so, LHH can continue to be licensed as a General Acute Care Hospital with distinct part NF services without having to build surgical suites and a post anesthesia recovery room pursuant to a section of the California Health and Safety Code which permits such an arrangement. This arrangement also avoids construction costs for these services at LHH and duplication of services in the DPH Integrated delivery system.

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved Resolution # 3-03, titled "Approving the Continued Provision of Surgical and Anesthesia Services by San Francisco General Hospital for Laguna Honda Hospital Residents and Patients, and a New Agreement that Memorializes this Arrangement," (Attachment A).

6) **CONSIDERATION OF A RESOLUTION APPROVING THE APPLICATION FOR LICENSURE OF THE CHRONIC RENAL DIALYSIS CENTER BY SAN FRANCISCO GENERAL HOSPITAL TO PROVIDE SERVICES TO PATIENTS OF THE CITY AND COUNTY OF SAN FRANCISCO WITH END-STAGE RENAL DISEASE**

Gene O'Connell, Executive Administrator, SFGH, presented the resolution. UCSF has operated the Renal Dialysis Center as SFGH since 1967. The center provides outpatient chronic dialysis services to 113 CHN patients directly, and facilitates services for another 56 CHN patients at the few remaining local freestanding dialysis centers. Over the past several years the University sustained

operational difficulties, which forced it to make the decision to withdraw from this segment of the healthcare market.

Consequently, after several failed attempts by UCSF to have another provider of service assume operation of the Renal Dialysis Center at SFGH, the UCSF Department of Medicine at SFGH gave the hospital notice of its intent to cease operation on June 30, 2003. This decision would have serious consequences, including the further reduction of the already insufficient number of outpatient chronic dialysis chairs in San Francisco and increased additions to the SFGH Emergency Department for patients in renal failure. SFGH determined that in order to ensure continued uninterrupted service to its patients, the UCSF Renal Dialysis Center license should be transferred to SFGH.

The costs that will be incurred by SFGH to operate the Renal Dialysis Center were included in the DPH budget submitted for FY 2003-2004. The application materials are ready to be submitted to the Department of Health Services for licensing.

Dr. Talmadge King, Chief of the Department of Medicine at SFGH, said maintaining the Center on the SFGH Campus along with the experienced and dedicated staff is so important, and on behalf of the staff of the unit he thanked the Department and Commission.

Commissioners' Comments

- Commissioner Sanchez said it is so important that the dialogue took place on behalf of this very special population.

- Commissioner Umekubo said closure of the outpatient dialysis center would be detrimental because there are already too few outpatient slots and people end up in acute conditions. He asked Ms. O'Connell about the projected expansion of the program. Ms. O'Connell said they currently contract out 56 patients for dialysis. They would like to pursue an analysis to see if it is economically feasible to eventually expand.

- Commissioner Penn asked about the annual costs associated with running this program. Gregg Sass said total annual expenses are $3.2 million. The majority of the cost is funded through revenues, primarily MediCal and Medicare. Approximately $457,000 is not covered through revenues.

- Commissioner Monfredini is supportive of this resolution.

- Commissioner Chow said that this solution allows the hospital to build upon this critical service.

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved Resolution # 4-03, titled "Approving the Application for Licensure of the Chronic Renal Dialysis Center by San Francisco General Hospital to Provide Services to Patients of the City and County of San Francisco with End-Stage Renal Disease," (Attachment B).

7) **PRESENTATION OF THE AIR MEDICAL ACCESS FEASIBILITY STUDY AND CONSIDERATION OF A RESOLUTION ACCEPTING THE SAN FRANCISCO GENERAL HOSPITAL AIR MEDICAL ACCESS FEASIBILITY STUDY**

Gene O'Connell, Executive Administrator, SFGHMC, gave an introduction to the Air Medical Access Feasibility Study. The Health Commission, as part of its approval of the San Francisco Trauma Care System Plan, requested that SFGH conduct a needs assessment and feasibility analysis for a medical helipad at SFGH. This study is being presented today.

Chris Wachsmuth, R.N., SFGH Emergency Department Administrator, began the power point presentation. SFGH is the only Level 1 Trauma Center serving 1.5 million people living, working and visiting San Francisco and northern San Mateo County. The San Francisco Trauma Care System falls short of national standards, and of the top 25 cities in the U.S. is the only city without air medical access. This study is the first to examine the need for direct air access to the trauma center and the feasibility of a medical helipad at SFGH. The Air Medical Access Study was designed to provide a thorough, objective evaluation of the need for and feasibility of consistently available air medical access at SFGH.

Dr. Robert Mackersie, Director of the SFGH Trauma Center, provided a clinical perspective of the importance of air access to the trauma center, specifically that rapid rescue saves lives. Helicopters are designed specifically to get the right patient to the right place at the right time. He also talked about the "Golden Hour," which is sometimes the golden 15 minutes or the golden half-hour. Virtually all major trauma centers in the United States, and certainly all major metropolitan areas, have direct air medical access. The one public safety helipad in San Francisco is at Hunters Point Naval Shipyard, which is remote, poorly lit, a superfund site and has bad road access. In addition, there are risks and delays with secondary transfers from that site to an ambulance to the hospital. San Francisco's trauma system vulnerabilities include geography, traffic congestion and urban density. There is also inability to assure definitive treatment within the Golden Hour because: trauma patients regularly fly over SFGH; multiple casualty incidents; simultaneous, unrelated injuries can overwhelm Trauma Center capacity; no pediatric trauma center; and no "back up" trauma center in San Francisco.

Mike McClintock, Gerson/Overstreet, presented the findings of the Needs Assessment and the Feasibility Analysis. The Needs Assessment looked at risks to San Francisco Community from lack of air access both to and from the Trauma Center, the benefits of air medical access and anticipated flight activity. The Feasibility Analysis included site identification and evaluation, structural/elevator analysis, site development and costs, regulatory and permits, safety analysis and a preliminary noise assessment. Five site options were considered and two roof options were selected, with the "C" wing ranked first and the "A" wing ranked second. The existing roof can support a helipad without seismic retrofit. A review of safety records since 1972 showed that overall, medical helicopter transport is safer than general aviation or automobiles. With regard to anticipated flight activity, the initial program estimate is an average of one flight per week, including transfers from SFGH to a Pediatric Trauma Center. The long-term program outlook is two flights per day, primarily due to additional trauma and critical medicine referrals to SFGH and critical medicine transfers to other San Francisco hospitals.

Noise was identified as being the overriding concern of hospital neighbors. 24-hour noise monitoring was done at three sites in the community and helicopter noise contours were developed. Under a worst-case scenario of two daytime and one nighttime flights to and from the hospital, without any noise abatement measures, there would be minimal impact on the adjacent community. Further study is recommended during the environmental review process.

Chris Wachsmuth discussed some of the community concerns that had been raised in the community meetings, including noise, safety and urban density, quality of life, current intrusion of news/traffic

helicopters on Potrero Hill and reduced property values. She also discussed the next steps in the process, which would be in two phases.

Phase I – Planning and Design
- Project Design: 7-10 months
- Permitting/Approvals: 7-10 months
- Environmental Impact Review: 12-16 months. (The EIR process allows for considerable public input on noise, safety and quality of life.)

Phase II – Construction
- Bid: 3 months
- Construction: 3-4 months
- Final Approval: 1 month

The total time for the entire project is estimated to be two years. Cost is estimated to be $3 million, with $825,000 for planning and design and $2.175 million for construction. The Department will be pursuing various funding sources including State, Federal and Homeland Security funds as well as foundation grants and philanthropic gifts.

Dr. John Brown, Medical Director, San Francisco EMS System, said that the City's trauma plan that was submitted to the State in 2001 identified many vulnerabilities of San Francisco's current trauma care. He urged the Commission to approve moving forward with a helipad for the following reasons: 1) Ground transportation delays as well as geography and congestion factors; 2) Lack of a pediatric trauma center in San Francisco; 3) Lack of a back up for the single Level 1 Trauma Center; and 4) Lack of rapid access to transfer patients in and out of San Francisco in the time of a disaster.

Public Comment

- Cathy Ramacciotti, East Mission Neighborhood Improvement Association, is concerned that helicopters landing at SFGH puts many people at risk—residents, visitors, patients, etc. This needs to be thought through more carefully.

- Liz Killian, said there has been a lack of meaningful outreach to the community. They requested many things that were not addressed, including information about helicopter safety. The noise analysis was incomplete.

- Babette Drefke, Potrero Hill resident, said this proposal gives no consideration to the people who live around the hospital. Is it better to save one life than to destroy many with rumbling sounds? The hospital is next to a school.

- Jean Millar, UCSF Medical Center Critical Care Transport Program, said the most compelling concern over the past few years is how strained the ground emergency transport system can become in a disaster. She is supportive of the proposal to have a helipad at the trauma center.

- Jim Beals, is disappointed with the process by which this proposal was developed. Residents of the neighborhood were not contacted about meetings. The golden rule is as important as the golden hour.

- Fusako Hara, said there is a right and wrong way to implement a plan, and the neighborhood was not informed about this plan. Most of her neighbors were unaware of this effort. Also, there was

no detailed information provided at the meetings, or it was inconsistent. Also, there should have been a neighborhood meeting after the study was published.

- Christopher Sabre, East Mission neighbor, said helicopters are dangerous and noisy. The report is not detailed enough. During an emergency, people will not be transported to the hospital, but have to go to another area. SFGH is one of the best trauma centers in the country even though it does not have a helipad. He thinks that SFGH should wait until it decides where the new hospital will be built.

- Joseph Cook, President of Calstar, which was founded by San Francisco foundations and corporations. Over the past 20 years they have transported approximately 20,000 patients to numerous trauma centers. They have been able to provide very little service to San Francisco, even during times of natural disasters, primarily because of lack of air medical access.

- Abbie Yant, St. Francis Memorial Hospital, said her brother's life was saved by helicopter transport to a trauma center. She co-chaired the San Francisco The Hunters Point site is too far from any medical center in San Francisco. She supports the feasibility study and moving forward.

- David Jayne, East Mission resident, said that helicopter access will not help San Francisco residents. He is a Potrero Avenue resident and there are a lot of negative impacts to living across the street from the hospital. In addition, a helicopter could land on the green in front of the hospital.

- Ron Smith, Hospital Council, said that the leader of every hospital voted unanimously to have air medical access at SFGH trauma center. ER doctors have concerns about diversion, would like to meet with the Health Commission to discuss methods to minimize diversion. But they support the helipad.

- Dr. Marshal Isaacs, Medical Director SFFD, spoke on behalf of Fire Chief Mario Trevino and EMS Chief Jane Smith to support air medical access to the SFGH Trauma Center.

- Alice Palantski, Potrero Hill resident, said her primary concern about the feasibility study is that it was more a promotion for having a helipad rather than a true feasibility study. It did not address community concerns. The community was not truly embraced, and she urged the Commission to table action today so more studies could be done.

- Anidia Zabala, said she is supportive of the helipad specifically because of the medical issues, even though she lives right by the hospital. Whatever the costs, she supports the helipad.

- Dick Millet, Potrero Hill resident, said the community outreach has been inadequate. He said it is premature for the Health Commission to adopt the resolution. A helicopter will not serve the residents of San Francisco very well. We should establish a pediatric trauma center at SFGH.

- Judith Berkowitz, urged the Commission to not take action on the study today. She asked for a delay of one month. There was not enough time to properly review the document. There was only one meeting called by the hospital. The helipad should be at Mission Bay.

- Eleanor Fallon, RN, Stanford Life Flight, said it is an anomaly that San Francisco does not have a helipad. The rooftop is a good location because it is controlled and well illuminated. She said

that in Palo Alto, where she works, they have been able to keep the noise complaints to a minimum.

- Ross Fay, Calstar, said it is a standard of care to have air medical access. He urged the commission to bring the helipad to San Francisco, which is where the dream of air transport began.

- Ted Miclan, M.D., Acting Chief of Orthopedics, SFGH, said that the trauma center is critical to quality medical care in San Francisco.

- Art Gotisar, Reach Air Ambulance pilot, has been flying for more than 20 years. Given a proper EIR and proper permitting, the proposed site is a viable site. Helicopter pilots are aware of community noise concerns and there are methods used to minimize noise impacts on neighborhoods.

- Maria Leone had her statement read by Judith Berkowitz. She asked that the hearing be postponed to allow more time for community input. San Franciscans will not benefit from the helipad.

- Dr. Bill Schecter, Chief of Surgery at SFGH and Potrero Hill homeowner, urged the Commission to proceed with the helicopter feasibility studies. We should have had this 30 years ago.

- Dr. Alan Gelb, Chief of ED, SFGH, said delays in arriving to the hospital lead to significant morbidity or death. Helicopter to the trauma center would decrease morbidity and mortality. In addition, an adequate number of patients are needed to maintain the level of skills. Please support this measure.

- Angela Rubin, Potrero Hill resident, said that the helipad would affect property values on Potrero Hill and negatively impact the quality of life. Helicopters are extremely disruptive. Also, the people in the neighborhood have not been adequately informed of the negative impacts.

- David Haslett, Potrero Hill resident, said that San Francisco does need the best care possible, but since Mission Bay is being built, that location should be considered for the helipad.

- Mary Anne Alumbaugh, ER nurse and trauma patient, said she needed every minute of the golden hour. She was transported by helicopter to a trauma center. The same thing that happened to her could happen to anyone.

Written Comment

Ed Rogers, as a neighbor of San Francisco General Hospital, I encourage the Health Commission to DEFER ACTION on the SFGH Helipad Study and report for the following reasons: 1) there has been inadequate involvement and communication with those SFGH neighbors who will be most affected by the proposed helipad: few, if any, of the homeowners and tenants within a six block radius of SFGH received any direct communication from the Hospital about the proposed project and study even though they will be significantly affected if the study is accepted and implemented. 2) There has been grossly inadequate opportunity for public review of and comment on the report itself, which was made available to the public only on Friday of last week – one business day before the scheduled Hospital Commission vote to accept the study and proceed with its recommendations.

Additionally, while many neighbors have expressed concerns about noise and safety as they have recently been made aware of the possibility of a helipad at SFGH, I think there is also a financial cost being levied on the homeowners in the affected area, which has received little consideration. If the project is approved, area home values will surely be impaired by the introduction of low-flying air traffic over the high-density residential areas in the proposed flight paths to SFGH.

I should also point out that I do not believe that homeowners and residents in the affected area are responding with the "Not-in-my-backyard" attitude so prevalent in San Francisco today. Rather, what I hear from the most vocal homeowners is a reaction to being largely excluded from the planning process and offered no protections or mitigation opportunities. For instance, what is to keep the flight volumes as the proposed two flights per day as reported in today's Chronicle? Simple common sense would suggest that once the facility is operational, economics alone will recommend maximizing utilization of the helipad and likely result in somewhat more than two flights per day.

I encourage the Health Commission to take a leadership role on this issue and DEFER ACTION on the SFGH Helipad Study until appropriate public review and comment has occurred.

Commissioners' Comments

- Commissioner Monfredini thanked the staff for the detailed study. She attended two community meetings, both in the evening, and found them to be informative. Time is so critical to health outcomes. She is supportive of moving forward on this resolution.

- Commissioner Sanchez thanked everyone for attending the meeting and sharing their thoughts. When Buena Vista School was built, it was done so in partnership with the SFGH Pediatrics Department, which provided services on weekends. The need for air medical access and air evacuation units today is more important than ever. Further, in order to maintain the quality of care at our Level 1 Trauma Center, SFGH needs to recruit the highest quality people and continue to provide the number of service, and needs this air access. He supports this proposal, as do many people in the Mission community.

- Commissioner Parker supports the feasibility study for a helipad at SFGH. Air medical access has proven successful in saving lives. He sympathizes with the residents that live near the hospital, and would like to see if the Commission could get data from other cities about negative impacts and how they were mitigated. The Department needs to be prepared for natural disasters, terrorism attacks and multi-casualty incidents and having a helipad is part of this obligation.

- Commissioner Umekubo thanked everyone for his or her testimony. He hopes that as this moves through the Environmental Review process, every mitigation measure is pursued. Having a helipad at SFGH helps not only San Francisco residents but also the entire Bay Area community. Further, there is a variety of quality of care issues related to the helipad. Commissioner Umekubo also asked that copies of the study be sent to the surrounding neighborhood organizations and that copies for public review be at the Public Library, at SFGH and at 101 Grove.

- Commissioner Penn encouraged the staff to increase outreach efforts to make sure community individuals do not fall through the cracks, and suggested that the community be more formally involved. This issue presents the opportunity to increase the quality of care that SFGH provides. The skill level at the SFGH ER is incredibly high and this needs to be maintained and passed on to future doctors.

- Commissioner Chow said the benefits of the helipad, particularly an enhancement of access to the trauma center to San Francisco residents, are critical. His experience in the Vietnam War demonstrated how medical helicopters save lives. The goal is to have a helipad but also identify mitigation measures that will allow the neighborhood to maintain quality of life.

Dr. Katz said it is important to note that this is a feasibility study, not an implementation plan. The answers to the question "is it feasible to have a helipad at SFGH" is yes, from financial, logistical, medical and standard of care perspectives. Now that we know it is feasible, detailed noise analyses can be done. He thinks it is in the Board of Supervisors purview to see if there can be restrictions on the number of helicopters, including traffic helicopters that fly in the area. The Department will redouble its community outreach efforts in the next phase, as well as add more time for review.

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved Resolution # 5-03, titled "Accepting the San Francisco General Hospital Feasibility Study," (Attachment C).

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 6:14 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-03

APPROVING THE CONTINUED PROVISION OF SURGICAL AND ANESTHESIA SERVICES BY SAN FRANCISCO GENERAL HOSPITAL FOR LAGUNA HONDA HOSPITAL RESIDENTS AND PATIENTS, AND A NEW AGREEMENT THAT MEMORIZLIZES THIS ARRANGEMENT

WHEREAS, California Health and Safety Code Section 1250a provides that "a general acute care hospital that on July 1, 1983 provided required surgical and anesthesia services through a contract or agreement with another acute care hospital may continue to provide the surgical and anesthesia services through a contract or an agreement with an acute care hospital"; and,

WHEREAS, Laguna Honda Hospital is currently licensed as a general acute care hospital with a Distinct Part Nursing Facility; and,

WHEREAS, San Francisco General Hospital has historically provided the surgical and anesthesia services needed by Laguna Honda Hospital residents and patients prior to July 1, 1983 and has the facilities to provide these services; and,

WHEREAS, Laguna Honda Hospital must be rebuilt to comply with federal and state licensing and reimbursement standards and to ensure that the facility meets seismic safety standards; and,

WHEREAS, the Regional Administrator for the California Department of Health Services Licensing and Certification Division has ruled that Laguna Honda Hospital may retain its general acute care license and operate the new facility without building operating rooms and a post anesthesia recovery room because the conditions set forth in California Health and Safety Code Section 1250a are satisfied; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby approves the continued use of surgical and anesthesia services at San Francisco General Hospital for Laguna Honda Hospital residents and patients; and, be it

FURTHER RESOLVED, that the Health Commission approves the execution of a new agreement between Laguna Honda Hospital and San Francisco General Hospital regarding the provision of surgical and anesthesia services at San Francisco General Hospital for Laguna Honda residents and patients.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of March 4, 2003.

Michele Olson
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-03

APPROVING THE APPLICATION FOR LICENSURE OF THE CHRONIC RENAL DIALYSIS CENTER BY SAN FRANCISCO GENERAL HOSPITAL TO PROVIDE SERVICES TO PATIENTS OF THE CITY AND COUNTY OF SAN FRANCISCO WITH END-STAGE RENAL DISEASE

WHEREAS, the University of California at San Francisco (UCSF), has operated the Renal Dialysis Center at San Francisco General Hospital (SFGH) Medical Center since 1967; and,

WHEREAS, the UCSF Renal Dialysis Center provides outpatient chronic dialysis services to 113 Community Health Network (CHN) patients directly, and facilitates services for another 56 CHN patients at other facilities; and,

WHEREAS, the UCSF Department of Medicine at SFGH gave notice to the Hospital of its intent to relinquish the license for the UCSF Renal Center and cease operations on June 30, 2003; and,

WHEREAS, an unsuccessful exhaustive search was undertaken to identify a new provider of service to assume operation of the UCSF Renal Center at SFGH; and,

WHEREAS, uninterrupted chronic dialysis services are vital to the health and well being of CHN patients and residents of San Francisco; and,

WHEREAS, the Health Commission of the City and County of San Francisco approved the costs for operating the Renal Dialysis Center to be included in the fiscal year 2003-2004 budget; and,

WHEREAS, San Francisco General Hospital will submit an application for licensure of the Renal Dialysis Center; and will assume oversight of operations to ensure effective management of the Clinic, now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby approves the application for licensure of the Renal Clinic by San Francisco General Hospital for CHN residents and patients.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of March 4, 2003.

Michele Olson
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-03

ACCEPTING THE SAN FRANCISCO GENERAL HOSPITAL AIR MEDICAL ACCESS FEASIBILITY STUDY

WHEREAS, the City and County of San Francisco is committed to maintaining San Francisco General Hospital as the designated Level I Trauma Center to assure quality care for San Francisco and Northern San Mateo County, and,

WHEREAS, the Trauma Plan for the City and County of San Francisco was approved in August 2001 and has identified the need to ensure consistent availability of rapid access to trauma care for injured persons in the San Francisco trauma care system service area and for San Francisco residents injured in neighboring regions; and,

WHEREAS, in August 2001 the Health Commission of the City and County of San Francisco directed a thorough, objective evaluation of consistently available air medical access at the San Francisco General Hospital; and,

WHEREAS, through its Level I services, San Francisco General Hospital provides advanced trauma care and professional trauma education and training that is not available in communities in the North and East Bay and Northern California Coastal regions; and,

WHEREAS, the Health Commission of the City and County of San Francisco resolved in 1998 to support the regionalization of the Level I Trauma Program at San Francisco General Hospital to counties in need of advanced trauma care, as long as there is no negative impact on the delivery of emergency and trauma services to the people in the City and County of San Francisco; and,

WHEREAS, since 1998, the regionalization of San Francisco General Hospital trauma services into the northern portion of San Mateo County has succeeded without negative impact on the delivery of emergency and trauma services to the people in the City and County of San Francisco; and,

WHEREAS, the use of regional trauma resources can be maximized if rapid emergency medical transportation is available to the Level I trauma services of San Francisco General Hospital from local and remote Northern California Coastal regions, and from San Francisco, to the advanced pediatric and adult trauma services of other designated trauma centers in the Bay Area; and,

WHEREAS, the City of San Francisco does not have the pediatric patient volume to support a Pediatric Trauma Center, critically injured infants and young children may require rapid air access to the advanced services of a Pediatric Trauma Center located in the East or South Bay regions; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-03 (Cont'd.)

WHEREAS, it has been demonstrated that it is feasible to locate a helipad for air medical access at San Francisco General Hospital Medical Center; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco supports the development of a medical helipad at San Francisco General Hospital, and, therefore:

1) Accepts the 2003 San Francisco General Hospital Air Medical Feasibility Study; and,

2) Directs San Francisco General Hospital to complete the next phase of planning for air medical access to San Francisco General Hospital to include the conduct of an environmental impact review, medical helipad design and permitting.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of March 4, 2003.

Michele Olson
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.
MAR 1 4 2003
SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, March 18, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 4, 2003**
**Minutes of March 4, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN/San Francisco General Hospital** – Request for approval of a contract renewal with Pharmaceutical Care Network, in the amount of $2,700,000, for pharmacy benefits management services targeting CHN indigent clients, for the period of April 1, 2003 to June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.2) **PHP-Behavioral Health Services** – Request for approval of a contract renewal with MedImpact Healthcare Systems, Inc., in the amount of $2,809,848 per year, for a total contract amount of $6,322,158, to provide pharmacy benefits management services targeting indigent consumers of mental health treatment services, for the period of April 1, 2002 through June 30, 2005.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **PHP-Behavioral Health Services** – Request for approval of two new retroactive contracts with Mount Saint Joseph-Saint Elizabeth and Fred Finch Youth Center, in the total amount of $1,995,786, to provide day treatment intensive services, medication support and mental health services for youth ages 12 through 19, for the period of February 15, 2003 through June 30, 2005.
** Calendaring request memo, Client demographic information forms*

(3.4) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with St. Mary's Medical Center, for the provision of acute psychiatric inpatient hospital services, in the amount of (1) $170,000 in City funds targeting uninsured adolescents, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting Medi-Cal beneficiaries, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information forms, Monitoring report summary*

(3.5) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Mt. Diablo Medical Pavilion for the provision of 24-hour acute psychiatric inpatient hospital services, in the amount of (1) $100,000 in City funds targeting uninsured children and adolescents, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting adult Medi-Cal beneficiaries, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report memo, Client demographic information form*

(3.6) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Saint Francis Memorial Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 in City funds targeting uninsured adults, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting adult Medi-Cal beneficiaries, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.7) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Public Health Foundation Enterprises, Inc., in the amount of $745,649, to provide HIV research services targeting high-risk men, for the period of July, 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.8) **PHP-AIDS Office** – Request for retroactive approval of a new contract with Centerforce, Inc., in the amount of $112,373, to provide HIV prevention services including an expanded public information campaign and program enhancement services targeting incarcerated and post-release populations at San Quentin State Prison and Central California Women's Facility, for the period of January 1, 2003 through September 30, 2003.
** Calendaring request memo*

(3.9) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Glide Foundation, in the amount of $572,620, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.10) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $142,702, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.11) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with UCSF/Urban Health Study, in the amount of $545,518, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.12) **PHP-AIDS Office** – Request for retroactive approval of a two-year contract renewal with Instituto Familiar de la Raza, in the amount of $380,144 per year, for a total contract amount of $760,288, to provide HIV prevention services targeting Latino behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.13) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with St. James Infirmary, in the amount of $96,262, to provide HIV prevention services targeting behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.14) **PHP-AIDS Office** – Request for approval to retroactively accept and expend a grant from the National Institute on Drug Abuse, in the amount of $830,615, for "Club-Drugs and HIV Risk Behavior in High-Risk Men", for the period of March 1, 2003 to February 28, 2008.
** Calendaring request memo, Grant information form, Budget pages, Award data*

(3.15) **PHP-AIDS Office** – Request for approval to accept and expend retroactively subcontract funds from the University of California, San Francisco, in the amount of $93,523, for "University Technical Assistance Projects in Support of the Global AIDS Programs" for the period of January 1, 2003 to September 29, 2003.
** Calendaring request memo, Grant information form, Budget pages*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE FY 2003-04 CONTINGENCY BUDGET REDUCTION PROPOSAL**
(Mitchell H. Katz, M.D., Director of Health)
**Budget*

6) **PUBLIC COMMENTS****

7) **CLOSED SESSION:** **CONSTITUTIONAL PRIVACY RIGHTS/ CONFIDENTIAL MEDICAL INFORMATION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

C) Closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

FOR ACTION: **Consideration of an appeal by a City employee of a denial of the determination for catastrophic illness status pursuant to Section 16.9-29 of the San Francisco Administrative Code**

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)5 and San Francisco Administrative Code Section 67.12(b)(4).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 18, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
APR - 3 2003
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D. – arrived at 3:15 p.m.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 4, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the March 4, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) **CHN/San Francisco General Hospital** – Request for approval of a contract renewal with Pharmaceutical Care Network, in the amount of $2,700,000, for pharmacy benefits management services targeting CHN indigent clients, for the period of April 1, 2003 to June 30, 2003.

(3.2) **PHP-Behavioral Health Services** – Request for approval of a contract renewal with Med-Impact Healthcare Systems, Inc., in the amount of $2,809,848 per year, for a total contract amount of $6,322,158, to provide pharmacy benefits management services targeting indigent consumers of mental health treatment services, for the period of April 1, 2002 through June 30, 2005.

(3.3) **PHP-Behavioral Health Services** – Request for approval of two new retroactive contracts with Mount Saint Joseph-Saint Elizabeth and Fred Finch Youth Center, in the total amount of $1,995,786, to provide day treatment intensive services, medication support and mental health services for youth ages 12 through 19, for the period of February 15, 2003 through June 30, 2005.

(3.4) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with St. Mary's Medical Center, for the provision of acute psychiatric inpatient hospital services, in the amount of (1) $170,000 in City funds targeting uninsured adolescents, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting Medi-Cal beneficiaries, for the period of July 1, 2002 through June 30, 2003.

(3.5) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Mt. Diablo Medical Pavilion for the provision of 24-hour acute psychiatric inpatient hospital services, in the amount of (1) $100,000 in City funds targeting uninsured children and adolescents, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting adult Medi-Cal beneficiaries, for the period of July 1, 2002 through June 30, 2003.

(3.6) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Saint Francis Memorial Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 in City funds targeting uninsured adults, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting adult Medi-Cal beneficiaries, for the period of July 1, 2002 through June 30, 2003.

(3.7) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Public Health Foundation Enterprises, Inc., in the amount of $745,649, to provide HIV research services targeting high-risk men, for the period of July, 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Penn requested a report to the Population Health and Prevention Joint Conference Committee in order to get an update on the study results. Grant Colfax, Director of HIV Prevention Studies, said they should have results January 2004 and he will work with the Health Commission Office to schedule a report to the JCC.

(3.8) **PHP-AIDS Office** – Request for retroactive approval of a new contract with Centerforce, Inc., in the amount of $112,373, to provide HIV prevention services including an expanded public information campaign and program enhancement services targeting incarcerated and post-release populations at San Quentin State Prison and Central California Women's Facility, for the period of January 1, 2003 through September 30, 2003.

(3.9) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Glide Foundation, in the amount of $572,620, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.

Commissioners' Comments

- Commissioner Monfredini requested a six-month update to the Population Health and Prevention Joint Conference Committee to see that the agency's improvements continue.

(3.10) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $142,702, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.11) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with UCSF/Urban Health Study, in the amount of $545,518, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.12) **PHP-AIDS Office** – Request for retroactive approval of a two-year contract renewal with Instituto Familiar de la Raza, in the amount of $380,144 per year, for a total contract amount of $760,288, to provide HIV prevention services targeting Latino behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.

(3.13) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with St. James Infirmary, in the amount of $96,262, to provide HIV prevention services targeting behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.14) **PHP-AIDS Office** – Request for approval to retroactively accept and expend a grant from the National Institute on Drug Abuse, in the amount of $830,615, for "Club-Drugs and HIV Risk Behavior in High-Risk Men", for the period of March 1, 2003 to February 28, 2008.

Mr. Colfax stated that the amount of the contract is $830,516, not $830,615 as stated on the agenda.

(3.15) **PHP-AIDS Office** – Request for approval to accept and expend retroactively subcontract funds from the University of California, San Francisco, in the amount of $93,523, for "University Technical Assistance Projects in Support of the Global AIDS Programs" for the period of January 1, 2003 to September 29, 2003.

Action Taken: The Commission approved the Budget Committee Consent Calendar, with Commissioner Umekubo abstaining on Items 3.4 and 3.6 and Commissioner Sanchez abstaining on Items 3.11 and 3.15. The Commission asked for the following follow up reports: Item 3.7, Public Health Foundation Enterprises, to provide a follow-up report, at the appropriate time, to the Population Health and Prevention Joint Conference Committee; and Item 3.9, Glide Foundation, to provide a follow-up report to the Population Health and Prevention Joint Conference Committee in six months. In addition, the amount of the contract for Item 3.14should correctly read $830,516.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, submitted the Director's Report to the Commissioners for their review. In order to begin the budget public hearing, questions about the report were held until after the budget hearing.

Severe Acute Respiratory Syndrome

In response to reports of increasing number of cases of an atypical pneumonia that the World Health Organization has called "Severe Acute Respiratory Syndrome" or SARS, the Centers for Disease Control and Prevention issued an alert over the weekend to U.S. health authorities, including San Francisco Department of Public Health. SARS appears to have originated in Viet Nam, Hong Kong and parts of China. Symptoms include high fever and difficulty breathing. Because of the loose clinical definition of the syndrome, many possible cases of SARS have been identified in the U.S., but no confirmed cases have been identified to date in the United States. Yesterday, Dr. Susan Fernyak, Director of Community Health Epidemiology and Disease Control, held a press briefing with local media to report on the Department's response and activities. A special Health Alert is being sent to all San Francisco Emergency Departments and hospital and infection control staff and practicing clinicians. DPH will make more information available as more is learned about this emerging infection.

Ryan White Care Act Title I Award

The HIV Health Services Section of the AIDS Office received unexpectedly good news last week. The Ryan White CARE Act Title I award for FY 2003 was $33,941,235, an increase of $379,765 or 1.1% over last year's award. The funding is for HIV health services in the San Francisco Eligible Metropolitan Area, consisting of San Francisco, San Mateo, and Marin Counties for the 2003 fiscal year, which began March 1st. The grant includes $529,951 for Minority AIDS Initiative programs. San Francisco had anticipated a decrease in funding for this year and had planned to cut some services for people living with HIV/AIDS, but will now be able to continue to support the essential DPH and community-based programs funded through Title I. The increase reflects a highly competitive grant written by Laura Thomas with help from other AIDS Office staff, especially Christopher Gortner, Dean Goodwin, and Suzanne Wang.

HIPAA (Health Insurance Portability and Accountability Act)

The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that by April 14, 2003 the privacy provisions in the Act be implemented and that all personnel who produce, transcribe, store, transmit, or otherwise have access to protected health information receive training in implementing the privacy provisions. Also, as part of the privacy provisions, DPH will issue a standardized Summary and detailed Notice of HIPAA Privacy Practices (two documents). These documents must be given to all DPH clients and patients, including those seen by contract providers beginning April 14th. A series of trainings on the privacy policy and Notice have been scheduled between March 25 and April 10. The training will be a "Train the Trainer" model. Section managers and contractors are asked to send a representative to the training who can then go back and train their own staff. Training materials will be made available upon request. Registration is not required for attendance.

The trainings will be held at 101 Grove Street, Room 300 on the following dates:

March 25 Tuesday, 2:30 to 4:00 pm
27 Thursday, 1:30 to 3:00 pm
28 Friday, 10:30 am to noon

April 3 Thursday, 3:30 to 5:00 pm
9 Wednesday, 9:30 to 11:00 am
10 Thursday, 2:30 to 4:00 pm

Questions regarding the trainings can be directed to Carolyn Lieber at 255-3470 or Michele Friedman at 255-3482.

Medication Adherence Pilot

CBHS Quality Management has completed a full year evaluation of an Eli Lilly funded medication adherence pilot based at Westside Community Mental Health Clinic. A cohort of twenty-six medication non-compliant clients was enrolled in the pilot beginning in the Fall of 2001. The results thus far are promising. Eighty percent of clients have been retained in the program; the overall mean adherence to medications exceeded 90%; acute service use has declined by 60 to 90%; client functioning has shown distinct improvement and client satisfaction with the program is very high. The pilot has another six months before completion.

National Public Health Week Activities

DPH will observe National Public Health Week April 7 – 11. The theme this year is *"Getting in Shape for the Future; Healthy Eating and Active Living"*. Planned activities include two Brown Bag Lunch presentations, one by Laura Brainin-Rodriguez entitled *"The Heart of the Matter"* discussing what leads to heart disease and the role of nutrition in protecting against or contributing to health disease. The second Brown Bag Lunch, April 11th, will be a presentation by Fernando Ona of the Environmental Health section. He will present concepts of Food Security and Food Systems and the role of Environmental Health in protecting Food Security. Both Brown Bag lunches will be at 101 Grove Street, Room 300 at 12:00 noon. In addition, there will be a participatory demonstration/introduction to the Tai Chi in the Park Program in the Civic Center on Wednesday April 2nd. There will also be a web page featuring a complete list of DPH Public Health Week activities and web links to nutrition and physical activity resources.

San Francisco Food System Council

The San Francisco Food System Council is hosting a citywide conference on March 31st at the State Building, 455 Golden Gate Avenue, San Francisco, from 8:30 am to 3:00 pm. A continental breakfast and lunch will be served. Admission is free of charge. This conference has been organized to share information, promote ideas and give input on policies concerning the local food system. Our agenda will include breakout session and panelist addressing the following topics:

Direct Marketing (How to start a CSA and expanding farmers' markets
Food Policy (SF County Food Policy)
Community Food Assessment Workshop (How to do a Food Assessment)
Funding Food Projects

Catherine Sneed, Executive Director of The Garden Project is the keynote speaker, and Supervisor Sophie Maxwell will address the audience regarding her resolution on the multi-disciplinary task force on childhood nutrition.

For registration information and a copy of the agenda, please contact Karlene (Nita) Hines, Food Alliance Coordinator at 415-252-3952 or email at karlene.hines@sfdph.org.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT

March 2003
Health Commission – Director of Health Report
(From 3/10/03 MEC and 3/13/03 JCC)

	3/03	7/02 to 2/03
New Appointments	08	171
Reinstatements		1
Reappointments	42	214
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	7	98
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	3	20
Voluntary Relinquishments	3	20
Proctorship Completed	15	122
Current Statistics – as of 1/1/03		
Active Staff		425
Affiliate Professionals (non-physicians)		157
Courtesy Staff		490
Referring Staff		44
Total Members		1116
Applications In Process	31	
Applications Withdrawn Month of Jan 2003	1	12(07/02 to 2/03)
SFGH Reappointments in Process Apr. 2003 to Jul. 2003	128	

5) **PRESENTATION OF THE FY 2003-04 CONTINGENCY BUDGET REDUCTION PROPOSAL**

Dr. Mitch Katz, Director of Health, gave an overview of the proposed FY 2003-2004 Contingency Plan. DPH is currently being asked by the Mayor to produce a contingency cut of $40 million or 15 percent of its General Fund. This is in addition to the base cut of $18 million dollars that has already been forwarded to the Mayor's Office.

The Department has developed a plan that produces a $16 million General Fund reduction toward the target of $40 million. Staff was unable to avoid reductions to community care and prevention, which are integral to the Strategic Plan. The impact of the cuts is difficult to assess because the unprecedented reductions to the public health system are compounded by similar reductions in the Department of Human Services, Department of Aging and Department of Children Youth and Their Families.

The Department will prepare additional contingencies of up to $24 million. Reductions will be taken if there are insufficient revenues in the city or if labor concessions cannot be negotiated.

The ten areas identified for reductions are:

1. Consolidate community care primary clinics ($8.6 million and 128.83 FTEs)
2. Reduce Mental Health services – day treatment, mental health residential care and closure of the OMI Family Center ($3 million and 13 FTEs)
3. Eliminate eight Substance Abuse programs ($1.1 million)
4. Reduce Community Health and Prevention – AACHIE and HERC by 50 percent and NICOS by 100 percent ($0.6 million and 2 FTEs)
5. Reduce HIV Prevention ($1 million)
6. Reduce HIV Health Services ($0.3 million)
7. Reduce HIV Administration ($0.6 million and 7.5 FTEs)
8. Reduce Employee Assistance Program ($0.1 million and 2 FTEs)
9. Eliminate DPH administrative positions ($0.4 million and 5 FTEs)
10. Reduce Health at Home Services ($0.4 million and 5.8 FTEs)

Public Comment

- Jane Gainer, program coordinator, AACHIE, is opposed to cuts to the program.

- Jesse Mejia spoke in support of the Health Realization program.

- Arthur Payer spoke in opposition to cuts in Chinatown Mental Health.

- Steven Fields, executive director, Progress Foundation, opposed to cuts in senior residential treatment program.

- Howard Friedlander, Assistant Director, Progress Foundation, urged the Commission not to cut their program.

- Karla Thurston spoke in support of the Bayview Clubhouse. Save the services.

- Betty McGee, HERC, said the proposed cuts disproportionately affect the African American community.

- Ben Eiland, Haight Ashbury Free Clinic, spoke in support of the Glide substance abuse program.

- Sharon, Green-Peace, is opposed to cuts in the HERC program.

- Richard Gee, Drug Abuse Advisory Board is opposed to cuts to advisory board. He submitted written copy of his testimony (on file).

- Bonita, a patient at Tom Waddell Clinic, opposed to cuts.

- Marcia Sims, Institute for Community Health Outreach, spoke in opposition to cuts in HERC funding.

- Karen Ho, NICOS Chinese Health Coalition, asked the Commission to preserve Chinatown Mental Health services, the Chinatown North Beach Public Health Center and the anti-gambling programs.

- Reiko Fujiwara, spoke against the cuts in service at the Ocean Park Health Center.

- Peg Hickox, Director of OMI Family Center, is opposed to closing the program, which serves 500 people in an area of the city that does not have many services.

- Gloria Frush-Frederico, OMI Family Center Urgent Care Team, spoke in support of the OMI Family Center.

- Dr. Joe Cambi, OMI Family Center, spoke in support of the center.

- Hal Young spoke in support of the OMI Family Center. These programs need to be where children and families reside.

- Isa Hershoff-Looper, therapist at OMI Family Center, spoke in support of the center. Please let them continue to provide these critical services.

- Martha Ryan, Director of the Homeless Prenatal Program, urged the Commission not to make any more cuts in public health. Ask the Mayor to go elsewhere to find his cuts.

- Carla Roberts, Homeless Prenatal Program, is opposed to the drastic cuts in outpatient treatment slots. Methadone works but different people need different services.

- Rita Walsh said the reduction of services at Tom Waddell would be disastrous and cost more money in the long run than it will save now.

- Guadalupe Valenzuela, Homeless Prenatal Program, asked the Commission not to cut health programs.

- Judy Crawford, Homeless Prenatal Program, spoke against cuts to all public health programs.

- Falechia Harris, Homeless Prenatal Program, urged Commission to not cut public health programs.

- Mattie Scott, spoke in support of Maxine Hall Health Center, HERC and AACHIE. This center is the only place people can go in the Western Addition.

- Dominic Chan, Local 250, said that if these cuts go through, San Francisco would be no different from any other city. The cuts pit communities against each other.

- Paul Wagner is opposed to cuts in the Bayview Clubhouse.

- Rita Shimmin, Associate Director at Glide Memorial Church, said the City has to look at different areas for cuts. These budget cuts will result in costs in other areas.

- Terrence Baxter, Environmental Health worker at HERC, said HERC needs more funds, and should not be cut in half. African Americans disproportionately affected by prostate cancer.

- Wattie Sanders, volunteer with the HERC program, said many African Americans have cancer but no health plan, and encouraged the Commission not to cut the program.

- Andrew Hayes, outreach worker at Tom Waddell Health Center, said there needs to be humane specialized outreach on the streets.

- Rick Bennett said the HERC program is critical to life and death in Bayview Hunters Point. Do not cut HERC.

- Monette Mabry urged Commission not to cut HERC. Program has helped her with her son, who has asthma.

- Jonathan Vernick, Baker Places, said that the trend appears to be maintaining institutional programs at the expense of community programs, and this needs to be carefully examined.

- Kwok Chan, spoke in support of the Chinatown Health Center.

- Caral Cheung urged the Commission to keep the Chinatown Public Health Center open.

- Scottie Kenyon spoke in support of the OMI Family Center. Please tell the Mayor to make the cuts someplace else.

- Jin Kuang spoke in support of the Chinatown Public Health Center, which needs to be open more than two days a week.

- Yuk Chan said that the public health nurse from Chinatown Public Health Center has taught her to control her diabetes. Without these services she would need to go to the hospital.

- Gene Wong, volunteer for North of Market Senior Center, spoke against cuts in services for Tenderloin homeless services.

- Gay Kaplan, spoke on behalf of Gene Wong and Jack Casford, in support of the North of Market Senior Center. The proposed cuts would be devastating for seniors.

- James Rouskou spoke in support of acupuncture services.

- Reverend Kay Jorgensen spoke in support of the Tom Waddell Health Center.

- Caroline Hughes spoke in support of the Tom Waddell Health Center.

- Mr. Zhou spoke in support of the Chinatown Public Health Center, where he receives treatment and education for his diabetes. Do not cut the services.

- Kam Leung spoke in support of Chinatown Public Health Center. The location of the health center allows her to work and maintain her health.

- Edward Garza spoke in support of the Castro Mission Health Center.

- Marjorie Anne Williams, spoke against the proposed cuts.

- Evelyn Raglin spoke against cuts in substance abuse services. Keep all of the centers open.

- Kym Valadez, Swords to Plowshares, said the veterans they serve use the public health programs that are proposed to be cut.

- Barbara Farrell, Ohlhoff Recovery Program, is opposed to cuts in the contingency plan, which cuts services to the most vulnerable in the community.

- Eve Meyer, San Francisco Suicide Prevention, who is also speaking for Karen Patterson Matthews of the Bayview Hunters Point Foundation. Ask the Mayor to make decisions that do not lead to people's suffering, as these cuts will.

- Ruthie Houston spoke in support of Maxine Hall Health Center.

- Verlita De Parine spoke in favor of the importance of transgender services at Tom Waddell Clinic.

- Jim Buckley from the Castro-Mission CAB submitted 150 signatures in favor of keeping health centers open.

- Pamela Gaddies spoke in favor of maintaining HERC and AACHIE programs, and making sure that programs for African-Americans continue.

- Kimberly Thornton spoke against making cuts to the nationally recognized transgender services.

- Agnes Morton, former public health nurse speaking against cuts in prevention, the AACHIE program, and the Ocean Park Health Center.

- Michael Bartolomie spoke about the benefit he received from the Bayview clubhouse.

- Roger Kat spoke about the need for more money in our system.

- Indy Turan spoke against cuts in case management at the Tom Waddell Clinic.

- Elliot Wagner, Director of Acupuncture Clinic at Tom Waddell Health Center, spoke in support of the acupuncture program. It is the only alternative medicine clinic for homeless people in San Francisco.

- Mario Robles, spoke against the cuts at Tom Waddell Clinic.

- Angela Chu spoke against cuts at the Chinatown Public Health Center

- Henry Sikorski spoke against cuts at the Chinatown Public Health Center.

- Bill Schwalb, SFUSD substitute teacher, spoke in support of the Castro Mission Health Center.

- Linda Zaretsky spoke in support of the Bayview Clubhouse. Tell the Mayor to find cuts elsewhere.

- Leslie Will said that people voted for the MHRF as it is—as a hospital—and not how it is proposed to be—a board and care home.

- Mark Ellinger spoke against cuts at Tom Waddell Clinic. Do not cut the public health budget.

- Yuliya Kogan spoke against cuts at the Ocean Park Health Center. It is the only clinic available for Russian speaking San Franciscans.

- Sasha Mosalov, Sunset Russian Tobacco Education Project, spoke in support of the program and the Ocean Park Health Center.

- Anatoliy Boubuov spoke in support of the Ocean Park Health Center. Do not cut.

- Gloria Peterson, Chinatown Public Health Center, asked the Commission not to make these draconian cuts.

- Rich Liu spoke in support of the Chinatown Public Health Center.

- Ali Weinhouse, Lincoln High School teacher, said Ocean Park Health Center is the only health center in the Sunset. The access is already very limited. Do not cut back health services.

- Edward Hatter, Program Coordinator, Potrero Hill Neighborhood House, is opposed to the ZAP cuts.

- Margie Peterson said health is so important to people and should not be cut.

- Dr. Meg Schwarzman, SFGH and Potrero Hill Health Center, said it is shortsighted to reduce outpatient services in the clinics. Patients health will be jeopardized.

- Marie Kempke, speaking on behalf of Linda Civitello-Joy from the American Lung Association, urged the Commission not to cut primary care. She submitted a written copy of her testimony (on file).

- Tim Winkler stated that the city wasted millions of dollars, and now healthcare is suffering.

- Monika Ramos spoke against cuts at Tom Waddell Clinic.

- Norma Hotaling, Executive Director, SAGE, said people are crying and desperate for health services. The infrastructure will not be able to be rebuilt.

- Julie Kavanagh, Silver Avenue Family Health Center, spoke against the public health cuts. Urged the Health Commission to take the lead and oppose these cuts.

- Kim Low spoke on behalf of the Tom Waddell Acupuncture Clinic. The cuts will impact communities, families, children and lives.

- Geri O'Shea-Miller, Health at Home, spoke in oppositions to the cuts, which will result in patients staying at SFGH longer.

- Louanne Lee, school district nurse, asked the Commission to consider the impact these cuts will have on the community.

- Richard Whitlock spoke in support of the Tom Waddell Acupuncture Program, which has helped him immensely.

- Randall Kalal said everyone should be asked to share the burden of the cuts, not just the poor.

- Debbi Lerman, San Francisco Human Services Network, said cuts will be a devastating blow to the safety net in San Francisco. Non-profit agencies cannot backfill these cuts. Programs, and agencies, will close as a result of the cuts.

- Melvin Beetle, Board of Directors, Senior Action Network, said the budget cuts will be devastating to seniors. Tell the mayor this is not the way to go.

- Vickie Johnson, Tenderloin Housing Clinic, said Tom Waddell provides services to the Mission Hotel for residents who cannot get to a clinic. Tom Waddell provides these services to a number of other locations. Do not cut the services.

- Dee Epps-Miller spoke in support of the HERC and AACHIE programs, which are important community interventions. Also asked the Commission to keep the health centers intact. Finally, public health is public safety.

- Jane Hannigan spoke in support of the Tom Waddell Health Clinic, which provides astounding services.

- Carlos Gonzalez spoke against cuts to the Castro Mission Health Center. Please consider all possibilities before making these cuts.

- Herman Taft, Central City Hospitality House, spoke against all public health cuts. The need for these services has not gone away, so cutting the programs is not going to work. Tell the Mayor to cut somewhere else.

- Iris Biblowitz, nurse at Tom Waddell Clinic, is opposed to the budget cuts that will lead to a terrible public health crisis. Now is the time when we need a highly functioning public health system.

- Richard Heasley, Executive Director, Conard House and Mental Health Contractors Association. The cuts are unconscionable and unnecessary. There are other places to make cuts. Find another way.

- Larry Bevan, South of Market Mental Health and SEIU 250, said the cuts are pennywise and pound foolish. Reject these inhumane cuts and tell the Mayor to raise revenues, not cut services.

- Martha Hawthorne, nurse at Castro Mission Health Center, said the cuts will destroy the health centers and destroy public health. There is already a two-month wait for new patients. Please vote against the cuts.

- Michael Lyon is opposed to the cuts.

- James Moss urged the Commission not to cut services.

- Barbara Rothkrug, Public Health Nurse, Castro Mission Health Center, urged the Commission to say no to all the cuts; none are acceptable. Day treatment services are critical.

- Red Jordan Arobateau spoke in support of the Tom Waddell Clinic. The proposed cuts are outrageous and should not be made on the most vulnerable members of society. Take the cuts from the top.

- Dr. Katie Olson, Southeast Health Center, said it is already difficult for patients to get appointments. The decrease in services would have a terrible effect.

- Ed Kinchley said the cuts being proposed represent an abandonment of commitment to public health. They need to be rejected.

- Kim Tavaglione, Local 250, said the health centers are the first line of disease and should not be cut.

- Maria Porch, Tom Waddell Clinic, spoke in support of the health centers. She also submitted written testimony (on file).

- Dr. Paul Quick spoke against the budget cuts. It is demeaning for people to have to plead for these services. There are other areas where the cuts could be made.

Commissioners' Comments

- Commissioner Umekubo asked for a status of the Vehicle License Fee issue. Dr. Katz said that if the Vehicle License Fee were approved the deficit would be reduced from $143 million to $68 million. The deficit is a moving target. Commissioner Umekubo said that primary care is the foundation of health care and to reduce these services would be a huge step backwards. The entire city would suffer. He feels strongly that he cannot support this proposal.

- Commissioner Monfredini asked what the other departments are sacrificing. Dr. Katz said that all departments' targets are the same, except for those that have voter-mandated services, such as the Police Department. Recreation and Park has the most developed proposal, after the Health Department. The Fire Department is proposing to close firehouses, but wants a blue ribbon panel to select which fire houses. Commissioner Monfredini said that everything the Health Department has built up would be destroyed by this proposal.

- Commissioner Parker said he could not support the contingency budget. None of DPH's programs should be reduced or eliminated. Since the contingency plan would devastate the safety net, the Board of Supervisors and Mayor should declare a state of emergency.

- Commissioner Sanchez said this would dismantle a world-class health system that has taken 40 years to develop. The Department's Strategic Plan will be meaningless because we will be unable to implement any programs or provide basic services. This is unacceptable.

- Commissioner Penn suggested that the Mayor and Board of Supervisors be invited to the next meeting to have a dialogue on the budget. Otherwise the public testimony and commission deliberations are done in a vacuum. He also thinks the Department should look at its salary structure.

- Commissioner Chow said that the budget information needs to be disseminated widely to the public. He also stated that the Commission does need to clarify the best methodology for communicating the devastating impacts to the Mayor and Board of Supervisors. This proposal is not just detrimental to the health services that have been developed over the past years, but it destroys them. DPH's priorities were to move toward community-based care, toward integrating behavioral health, and enhancing primary care services. This needs to be expressed to the Board of Supervisors and Mayor. These issues can be addressed through a resolution, which can be developed over the next few weeks. There needs to be a dialogue about all revenue opportunities. The City needs to address this crisis together.

- Commissioner Guy said that the City cannot survive this budget crisis through cuts only. More revenue is needed. The impacts of these proposals need to be transparent to everyone—employees, the public, the Mayor, Board of Supervisors. Over the past number of years the health system in San Francisco has incrementally improved. This is being threatened by the proposed budget cuts. We need an improved tax base in San Francisco. The community needs to continue to fight for universal health care.

6) PUBLIC COMMENTS

- Nsoah Chionesu spoke against the elimination of acupuncture services at Bayview Hunters Point Foundation. With regard to all of the other proposed cuts, the public health system is being dismantled, and the country is on its way to becoming like a third world country. What is on the other side of the safety net?

- Gene Hartman Jr. spoke in support of the Bayview Hunters Point Foundation acupuncture program.

- Bob Stallworth spoke in support of the Bayview Hunters Point Foundation acupuncture program. The testimony about the contingency budget cuts demonstrated what type of city San Francisco is—it is a community.

- Soldaini Antonello spoke in support of Bayview Hunters Point Foundation acupuncture program. Do not cut any education or health programs.

7) CONSTITUTIONAL PRIVACY RIGHTS/CONFIDENTIAL MEDICAL INFORMATION

A) Public comments on all matters pertaining to the closed session

None.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Sanchez) voted to hold a closed session.

The Commission went into closed session at 8:15 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Monfredini, Commissioner Parker, Commissioner Penn, Commissioner Sanchez, Dr. Mitch Katz, the appellant, the appellant's attorney, and Michele Olson.

C) Closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

FOR ACTION: Consideration of an appeal by a City employee of a denial of the determination for catastrophic illness status pursuant to Section 16.9-29 of the San Francisco Administrative Code

D) Reconvene in Open Session

The Commission reconvened in open session at 9:00 a.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)5 and San Francisco Administrative Code Section 67.12(b)(4).)

   Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) approved the appeal of the denial of determination for catastrophic illness status, allowing appellant Doe six weeks of catastrophic illness status. Commissioner Penn voted no.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

   Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Sanchez) voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 9:01 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

PUBLIC NOTICE

HEALTH COMMISSION MEETING

DATE CHANGE

The regular Health Commission meeting to be held at 101 Grove Street, Room #300, scheduled for Tuesday, April 1, 2003 has been changed for Tuesday, April 8, 2003.

Therefore, the Health Commission meetings for April will be on April 8 and April 15, 2003.

An agenda will follow.

For information call the Commission Office at 554-2666.

DOCUMENTS DEPT.
MAR 18 2003
SAN FRANCISCO
PUBLIC LIBRARY

(Posted March 14, 2003)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
APR - 3 2003
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, April 8, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 18, 2003**
**Minutes of March 18, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Institute for Community Health Outreach, in the amount of $327,711 per year, for a total contract amount of $655,422, to provide HIV prevention services to behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Mobilization Against AIDS International, Inc., in the amount of $427,138 per year, for a total contract amount of $854,276, to provide HIV prevention services to behavioral risk populations for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **PHP-AIDS Office** – Request for approval of new contract with Shanti, in the amount of $320,533, to provide HIV Health Services Planning Council support services for the period of April 1, 2003 through February 29, 2004.
** Calendaring request memo*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Public Health Foundation Enterprises, Inc., in the amount of $156,437, to provide HIV research services targeting men who engage in high risk behavior, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **PHP-Behavioral Health Services** – Request for approval of new contract with Community Vocational Services-Industrial Maintenance Engineers, in the amount of $231,232, to provide job training and counseling services targeting mentally ill adults, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION AND ACTION:** **RESOLUTION HONORING DR. EVELYN LEE**
(Commissioner Edward A. Chow, M.D.)
**Resolution*

6) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF APRIL**

7) **FOR DISCUSSION AND ACTION:** **FISCAL YEAR 2003-04 CONTINGENCY BUDGET UPDATE, AND CONSIDERATION OF A RESOLUTION REGARDING THE FY 2003-04 CONTINGENTY BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Update and Resolution*

8) **FOR DISCUSSION:** **PUBLIC HEALTH WEEK: HEALTHY EATING AND PHYSICAL ACTIVITY**
(Ginger Smyly, Director, Community Health Promotion and Prevention)

9) **PUBLIC COMMENTS****

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 8, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
APR 16 2003
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:11 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D. – left at 6:00 p.m.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 18, 2003

Action Taken: The Commission approved the minutes of the March 18, 2003 Health Commission meeting.

Commissioner Chow noted that the Health Commission received a letter from Walden House requesting amendments to the January 21st minutes. The Commission had already approved these minutes when the letter was sent. Commissioner Chow said that Walden House's letter would be placed in the public file for the February 5th meeting so that it is part of the public record.

Commissioner Chow expressed sorrow at the death of Alfonso Acampora, Executive Director of Walden House. The Commission sends its gratitude to Mr. Acampora's family.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Institute for Community Health Outreach, in the amount of $327,711 per year, for a total contract amount of $655,422, to provide HIV prevention services to behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Mobilization Against AIDS International, Inc., in the amount of $427,138 per year, for a total contract amount of $854,276, to provide HIV prevention services to behavioral risk populations for the period of January 1, 2003 through December 31, 2004.

(3.3) **PHP-AIDS Office** – Request for approval of new contract with Shanti, in the amount of $320,533, to provide HIV Health Services Planning Council support services for the period of April 1, 2003 through February 29, 2004.

Commissioners' Comments

- Because this is a new role for the agency, the Budget Committee asked that a six-month status report be presented to the Population Health and Prevention Joint Conference Committee.

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Public Health Foundation Enterprises, Inc., in the amount of $156,437, to provide HIV research services targeting men who engage in high risk behavior, for the period of July 1, 2002 through June 30, 2003.

Lauren Connor, DPH Program Manager, noted that the term of the contract should be corrected in the Health Commission agenda and Summary Report. The term is September 1, 2002 to July 31, 2003.

(3.5) **PHP-Behavioral Health Services** – Request for approval of new contract with Community Vocational Enterprises-Industrial Maintenance Engineers, in the amount of $231,232, to provide job training and counseling services targeting mentally ill adults, for the period of July 1, 2002 through June 30, 2003.

Action Taken: The Commission approved the Budget Committee Consent Calendar. For Item 3.3 the Commission requested a six-month status report to the Population Health and Prevention Joint Conference Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report

Severe Acute Respiratory Syndrome (SARS)

"Severe Acute Respiratory Syndrome" or SARS is a new emerging infection that has currently been recognized in 19 countries in Asia, Europe and the Americas. It is thought to result from the corona family of viruses that can cause the common cold in humans, but can cause more serious disease in animals. At this time, there is no treatment or vaccine for SARS. To date, there are over 150 cases of SARS in the U.S. The majority of ill people caught the disease outside the U.S. in areas where there has been community transmission of SARS: People's Republic of China (i.e. mainland China and Hong Kong), Vietnam and Singapore.

Symptoms include high fever, cough and difficulty breathing. At this time, DPH believes that SARS is primarily spread to others through prolonged exposure to large droplets (via the respiratory route). Individuals are thought to be infectious while they are symptomatic. For these reasons, individuals who have returned from Asia, but are not symptomatic, do not have to change their daily routine and are free to go to work and school. In addition, DPH is not recommending that members of the general public wear masks to protest themselves. At this time, locally we have one probable case of SARS under investigation.

DPH has developed a "Frequently Asked Questions" sheet on SARS in both English and Chinese (attached). DPH will be translating this sheet into Vietnamese, Spanish and Tagalog. The FAQ's have been distributed to all San Francisco clinicians and will be distributed to the media later this week. In addition, DPH has developed a Health Advisory that was distributed to all San Francisco Emergency Departments, hospital and infection control staff and practicing clinicians. The alert and additional links are available on-line at: http://www.dph.sf.ca.us/HealthInfo/SARS/SARS.htm.

DPH Environmental Health Inspectors Respond to Families Living in SROs

In mid-2001, DPH funded a community-led, citywide census of families with children living in SROs in San Francisco. The census found 450 families and 760 children living in 158 hotels (40% of the hotels visited). 78% of children were age 0-12 with many having spent their entire lives in an SRO; 40% of children were age 0-5; and over half of the families had at least one child age 0-5.

Following the publication of these findings, the Environmental Health section of DPH responded by meeting regularly with community groups and systematically inspecting over 100 hotels this past year. Due to the high proportion of children under age five and the concern about lead exposure, Children's Environmental Health section joined the inspection teams.

Ninety-eight percent (98%) of the hotels inspected were found to have health code violations, including structural violations, vermin, poor sanitation, and lead violations. Diligent follow-up on the part of DPH inspectors and their close collaboration with community groups resulted in over 96% of the hotels abating their health code violations. The Environmental Health inspectors will continue to monitor these hotels to assure that the violations do not gradually return.

Social Work Month

March was Social Work Month in San Francisco and Dr. Katz took this opportunity to salute all the DPH social workers for their continuing commitment to the underserved of San Francisco. DPH rely on social workers throughout the system, in the clinics, in medical and psychiatric settings, in the jails and in patient psychiatry. They are clinicians, case managers, and discharge planners. Dr. Katz expressed his appreciation to DPH social workers for their had work and dedication to their mission.

CDC Rapid Response Team Deployed to Assist with Syphilis Case Management

In mid-March, in response to a 25% increase in syphilis cases since the first of the year, a three person CDC Rapid Response Team was detailed to San Francisco to assist local staff with syphilis case management. All three CDC staff have established good working relationships with the local syphilis response team. Working together, cases and contacts are being followed up in the shortest possible time and DPH is reinstituting the Private Medical Doctor (PMD) visitation program.

STD Awareness Month

April is STD Awareness Month in San Francisco. A variety of activities are planned, including STD screening events at gay bars and clubs. For the second year in a row DPH will be having a Spring Cleaning STD Awareness Campaign that entitles individuals who test for syphilis during the campaign to receive discounts on merchandise from participating merchants.

North of Market Senior Services Renamed Curry Senior Center

In honor of Francis J. Curry, M.D., a young boy from North Beach who delivered newspapers in the Tenderloin, washed dishes in area restaurants to earn money for medical school, and grew up to become Director of Public Health of San Francisco, North of Market Senior Services has been renamed Curry Senior Center. . Dr. Curry never forgot the places he knew or the people he met during his early years and he made it his personal mission to provide services to seniors that promote independent living while maintaining their dignity and self-esteem. Dr. Curry opened North of Market Senior Services in 1972. Thirty years later the agency has developed into a multi-purpose agency serving approximately 2,600 seniors throughout the Tenderloin/South of Market area. Curry Senior Center is proud to take the name of its founder to illustrate its continuing devotion to his mission.

Relocation of Adult Immunization Clinic

The Adult Immunization Clinic has moved to a new and bigger space at 101 Grove St., Room 102. The clinic is open to the public 9 a.m. to 4 p.m. daily.

Commissioners' Comments

- Commissioner Parker asked if the SRO units were violation free when the families moved in. Ms. Kronenberg said that they have no indication that the rooms did not have violations. However, families typically did not report the violations because they were happy to have a room.

5) RESOLUTION HONORING DR. EVELYN LEE

Commissioner Chow presented a resolution honoring the life and work of Dr. Evelyn Lee. Dr. Lee passed away suddenly on March 26, 2003. The Commission conveys its heartfelt condolences to her family. Mr. Kent Woo, Executive Director of NICOS, accepted the resolution on behalf of the family.

Commissioners' Comments

- Commissioner Guy stated that Dr. Lee made a tremendous contribution to improving the quality of life for all San Franciscans. She inspired many people.

Action Taken: The Commission approved Resolution # 6-03, "Resolution Honoring Dr. Evelyn Lee", (Attachment A).

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF APRIL

Commissioner Chow presented the April Employee Recognition Awards.

Individual Awardees	Division	Nominated by
Tom Hoynes	DPH Jail Health Services/ STD	Mary Evans and Wendy Wolf

IS Desktop Support Team Awardees	Division	Nominated by
Melvin Javonillo Elouise Joseph	SFGH Information System Department	Anson Moon

Anthony Kwok
Steve Lee
Bill Nay
Hung Quach
Timothy Wong

Patient Flow Team Awardees	Division	Nominated by
Lynne Eggers, RN, LCSW Liz Gray, MSN, RN Elayne Hada, RN Judy Temple, RN, BSN	CHN Community Mental Health Service	Barbara Garcia

7) **FISCAL YEAR 2003-04 CONTINGENCY BUDGET UPDATE, AND CONSIDERATION OF A RESOLUTION REGARDING THE FY 2003-04 CONTINGENTY BUDGET**

Mitchell H. Katz, M.D., Director of Health, presented an update on the proposed FY 2003-04 Contingency Budget. San Francisco's financial situation continues to be very fluid. February payroll tax returns, hotel and sales tax collections were lower than anticipated, resulting in the City revising its revenue projections. At this time the City is projecting a shortfall for FY 03-04 of $347 million. This shortfall is reduced to $200 million when the six percent base budget reductions from all City departments are factored in. The Mayor's Budget Office is proposing the close this gap through increased $45 million in increased State funding, $80 million from City employees' retirement contributions, and $75 million of citywide Departmental contingencies.

As the Health Department represents approximately 25% of the City's discretionary General Fund, the Mayor's Budget Office may reduce DPH's General Fund by an additional $18.75 million. If the City were not able to get the $80 million of savings and/or if the more optimistic State projections do not hold, then the Department could be asked for the full 10% General Fund reduction, which is $27 million. At this time the Mayor's Budget Office has said that they will be subtracting $12 million from DPH's General Fund.

DPH has increased its projected current year year-end surplus by $2.6 million. The Department is also projecting a net increase in revenue for next year of $4.1 million. The Mayor's Budget Office has accepted this $6.7 million as the first installment of the Health Department contingency.

In addition, the Mayor's Budget Office has decided to enter into the budget an additional $5.3 million of General Fund cuts from the Health Department. The full list of these cuts is attached (Attachment B). The focus of the cuts was in administrative areas and/or support services. Forty positions were eliminated throughout the Department. In addition, cuts were made in: Medical Care Substance Use Services O/P and Prevention Program; Baker Places-Westside Lodge Day Treatment; HIV Health Services, Employee Assistance Program and Health at Home.

Commissioner Chow presented the Health Commission resolution regarding the contingency budget.

Public Comment

- John Gould spoke in support of the Maxine Hall Clinic.

- Sandra MacKay, Public Health Nursing, spoke in support of public health nurses, particularly those at the Castro-Mission clinic.

- Hywel Simms, Executive Director of Shanti, said the budget for 03-04 will at least disable, if not destroy, the public health system. Costs will rise of budget cuts are made and the city will lose a valuable resource if Shanti is cut.

- Jennifer Oberly, Shanti professional volunteer, said cutting seven staff would result in 100 volunteers not getting connected to 1200 clients, to whom they provide 25,000 hours of service.

- Jennifer McGaugh, Women's Services Coordinator at Shanti, spoke against cuts in program services. She read a letter from one of Shanti's clients.

- Janie Willey, on behalf of Shanti and the Black Coalition on AIDS. Shanti has connected her to a safe place to live and allowed her to regain self-respect. She urged the Commission not to cut their funding.

- Veronica Cauley, client of Shanti, advocated for continued funding for Shanti. She added that the computer system at SFGH can discourage people from receiving services.

- Frank Demusiac, spoke in support of the acupuncture program at Tom Waddell Clinic. Please don't cut the program.

- Timothy Bradley receives excellent care at the Minna Clinic. He asked the Commission not to cut mental health funding.

- Sandra Roberts spoke in support of the OMI Family Center and Westside Lodge.

- Dr. Ray Cendanna, psychiatrist at OMI Family Center, said that the mental health of children, adolescents and adults will be negatively affected by the budget reductions. Those people with few options will have even less.

- Malik Looper expressed concern about the budget process. The budget cuts will result in destabilization of families. He is also opposed to the closure of the OMI Family Center.

- Governor Johnson spoke on behalf of his foster son, advocating against the closure of the OMI Family Center. OMI Family Center has helped his foster son.

- Selene Mitlyng, OMI Family Center, spoke against cuts to the program. Clients will not go across town to other clinics to receive services. They will go to SFGH, which costs the City more money in the long run.

- Isa Hershoff-Looper, counselor at the OMI Family Center, submitted a petition in support of keeping the center open. She also read a letter from Assembly member Leland Yee.

- James Gregg, psychology trainee at OMI Family Center, spoke against the closure of the center. There is already a shortage of training programs in San Francisco.

- Regina Blosser, OMI Neighbors in Action, spoke against closing the OMI Family Center.

- Joy Almquist, student nurse, spoke in support of Mission-Castro Clinic and Westside Lodge.

- Philip Robinette spoke against cutting OMI Family Center.

- James Huey asked the Commission to keep the OMI Family Center open.

- Rick Arce spoke in support of the OMI Family Center.

- Florence Hightower and Kenneth Hightower spoke in support of the OMI Family Center.

- Jewel Bartlett spoke in support of the OMI Family Center.

- David Riley spoke in support of the OMI Family Center.

- James Gregg read the testimony of Martha H. in support of the services at the OMI Family Center.

- Scottie Kenyon spoke in support of the OMI Family Center. It's shortsighted to cut health services.

- Jeremiah Jeffrey, client of Westside Lodge, spoke in support of the program. If you cut the budget, you'll be cutting lives.

- Dave Jameson spoke in support of the services at Westside Lodge.

- Jonathan Vernick, Executive Director of Baker Places, said that the cut to the lodge is a cut of 20 beds and 64-day treatment slots, which would impact services to 250 people over the course of a year. These cuts will not save money in the long run.

- Judith Stevenson, Director of Operations for Baker Places, spoke against cuts to the Westside Lodge. The reduction of 20 beds will negatively impact the patient flow effort.

- Sonia Bailey, Westside Lodge, spoke against cuts to the program.

- Grace Fong, OMI Family Center client, asked that the center be kept open permanently.

- David Fried spoke in support of the OMI Family Center.

- Charles Anderson spoke in support of the OMI Family Center.

- Valerie Gentle asked the Commission to keep the OMI Family Center open.

- Cynthia Finis spoke in support of the OMI Family Center, which does so much work for the community.

- Mary Gennoy spoke on behalf of patients in pain for in home support services.

- Barbara Farrell, Executive Director of Ohlhoff Recovery Services, said further reductions to the public health system would be devastating.

- Janice Cohen, M.D., said the proposed budget represents criminal failure from our leadership. Do not approve any more cuts in public health. She submitted a series of recommendations (on file).

- Jarman Michaels spoke in support of Tom Waddell Health Center.

- Barbara Rothkrug, public health nurse at Castro-Mission Health Center, submitted testimony of two patients (on file), and spoke against cuts to Health at Home and psychiatric services.

- Edmond Larry spoke in support of Tom Waddell Clinic.

- Henry Prybysh, patient of Tom Waddell, spoke in support of the clinic.

- Zoila Veliz spoke in support of Mission-Castro clinic. Submitted petition with more than 750 signatures opposed to clinic cuts (on file).

- Juanita Camarena spoke in support of services at Mission-Castro clinic.

- Aminta Serrano spoke in support of services at Mission-Castro clinic.

- Maria Wilson spoke in support of services at Mission-Castro clinic and read some statements from clinic clients.

- Luis Barrera spoke in support of public health nursing and the Mission Castro Health Center.

- Terese Nguyen, PHN, spoke in support of public health nursing.

- Sam Kupferberg spoke in support of the Bayview Clubhouse.

- Michael Lyon spoke against the budget cuts and suggested additional revenue sources.

- Dr. Kevin Grumbach, Chief of Family Community Medicine at SFGH, submitted a letter on behalf of the Chiefs of Service at SFGH (on file). The worst case budget scenario brings the system to the point of collapse, and Health Commission leadership is critical.

- Martha Hawthorne, public health nurse at Castro Mission Health Center, is grateful for the temporary reprieve but very concerned about the contingency budget. They are already over capacity and further cuts will cripple them.

- Micah Frazier, representing the Harm Reduction Coalition, to support harm reductions programs and Castro Mission Health Center and the Dimensions Clinic.

- Nancy Lewis, FNP within the CHN to ask the Health Commission on behalf of the NP group in the CHN to please save primary care services.

- Bruce Folsom, Geriatric Day services, to explain to the Commission how dependent elderly persons are for medical and psychiatric services to prevent hospitalizations.

- Evangelist LaVonne Macintosh, came to commend the services provided by the Maxine Hall Health Center.

- Luther Ricker, to say that if Tenderloin Self Help Center goes away it will be a tremendous loss.

- Anonymous, to say that it would be very sad if clinics were to close.

- Dr. Deborah Brown, physician at Castro-Mission Health Center, said that if the clinics were cut by 50 percent, there would be chaos. Cutting the number of providers would also not be workable. Doctors cannot see two patients at one time.

- Dr. Shira Shavit, resident physician from SFGH, said that when community programs are cut, SFGH is impacted. It is a sad day when these budget cuts are proposed.

- Philippa Ruttgaizer, RN at the MHRF, said patients at the MHRF have been on the discharge fast track. Some of the patients' families do not drive and will not be able to visit patients who are not in San Francisco.

- Eve Meyer, San Francisco Suicide Prevention, thanked the Commission for its resolution.

- Sasha Mosalov spoke against cuts to the Ocean Park Health Center. He submitted a petition in support of keeping the clinic open (on file).

- Ellen Sakoloff, PHN, spoke in support of saving public health nursing, which she feels are very vulnerable for cuts. Spoke in support of prevention.

- Leigh Ann Surgent, RN at St. Anthony Free Medical Clinic and SFGH, said the Community Clinic Consortium clinics provide hundreds of thousands of visits to people in San Francisco. Cuts though DPH would devastate their clinics.

- M.P.R. Howard spoke in support of the Tom Waddell Health Center. He is a former chair of the TWHC advisory board.

- Ken Hodnett spoke against cuts to the Castro-Mission Health Center. The staff provides excellent services.

- Dr. Allegra Melillo, SFGH physician, said healthcare is already in a crisis situation. The ER is filled with patients who have already been admitted, but there are no available rooms. Cutting community clinics would lead to more overcrowding.

- Kara Graziano spoke against the baseline budget cut at the OSHUN program.

- Martha Ryan, director of the Homeless Prenatal Program, thanked the Commission for opposing the contingency budget. Continue to urge the Mayor to look elsewhere.

- Dr. Maggie Jones, Primary Care Resident at SFGH, said she glad the primary care clinics might not be reduced by 50 percent, because the patients they serve are extremely complicated. Doctors spend a lot of time advocating for their patients.

- Anne Rosenthal, medical resident at SFGH primary care, said she is horrified to the prospect of cuts to basic medical services and to the salaries of physicians.

- Kim Tavaglione, Local 250, spoke against cuts to Health at Home. These cuts are neither cost efficient nor in the best interest of patient care. She also spoke against cuts to the MHRF. Employees have a lot of good ideas but are not being listened to.

- Larry Bevan, Local 250, commended the Commission for opposing the contingency cuts. He is still concerned about the cuts, because he does not think they will save money.

- Richard Fuller, patient at Health Center 1, said that closing the health care centers will back up the emergency rooms. HIV will not go away just because the system can no longer provide treatment.

- Dr. Jacek Skarbinski, SFGH primary care resident, spoke against the budget cuts. Emergency and acute care services are already on the verge of collapse.

- Dr. Sara Levin, Internal Medicine Resident, said cuts to primary care would decimate health care services. She also spoke against pay cuts to residents.

- Dr. Greg Zaharchuk, Radiology Resident at SFGH, spoke against pay cuts to residents. It is a small amount of money for the budget, but a large amount for the individuals.

- Dr. Jeff Critchfield, Vice Chief of Medicine at SFGH, thanked the Commission for its position on the contingency budget. He also urged the Commission to fight the fear, and offered the services of the SFGH medical staff to help do so.

- Patrick Monette-Shaw's testimony:

  "A little over a year ago, Tom Nolan was faced with a budget shortfall at Project Open Hand. As Open Hand's Executive Director, Nolan voluntarily took a self-imposed pay cut, because he believed leaders should share the burden by not punishing workers at the bottom of the pay scale by having them shoulder all of the budget pain.

  Mitch Katz should learn from Nolan's example. Dr. Katz should volunteer to cut his own salary. Combining Katz's $214,000 base pay with his $4,000 bonus, cutting 10% of his City income would find him still earning $196,000. Cutting 20% of his salary – as suggested by Board of Supervisor's Tom Ammiano -- would find Katz earning $174,000 ... more than sufficient to live on, even with an adopted child to feed.

  Dr. Katz: It's time to demonstrate some leadership. Cut your salary now, to help save healthcare services and to save City jobs".

Commissioners' Comments

- Commissioner Monfredini agrees with all of the speakers, and is grateful that the Department identified additional revenue to give back to the City.

- Commissioner Chow is glad that the Department was able to identify new revenue and that the Mayor's Budget Office accepted this revenue. The proposed resolution attempts to address all of the concerns raised by the Commission at the March 18th meeting. He thanked the public for its advocacy, and urged them to continue to advocate to the Mayor and the Board of Supervisors. The entire community needs to work to protect the Strategic Plan vision.

- Commissioner Sanchez said the resolution conveys a strong message, but there is a long, tough fight ahead at all levels—City, State and Federal.

- Commissioner Parker said no data has been presented to the Commission that justifies any budget cuts. The federal government has found the money to fight a war, and will find the money to rebuild a country they are currently supportive. So they are able to fund health care, and need to step up to the plate.

- Commissioner Penn thanked the public speakers for reminding the Commission about how wonderful our public health system is. He encouraged people to advocate to the Mayor and Board of Supervisors. He also thanked the Department staff for continuing to evaluate the proposals to see if there are other alternatives.

- Commissioner Guy said that there is a vision about what the Department of Public Health should be, and this vision is being threatened. We need to hold fast to this vision in our negotiations.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Sanchez) approved Resolution # 7-03, "Rejecting the Department of Public Health's Contingency Budget for fiscal year 2003-04, and Urging the Business Community, Organized Labor, and Residents to Work with the Mayor and the Board of Supervisors to Avoid Devastating Cuts to the County's Health Safety Net Services," (Attachment C).

8) PUBLIC HEALTH WEEK: HEALTHY EATING AND PHYSICAL ACTIVITY

The American Public Health Association has identified April 7-13, 2003 as "National Public Health Week." This year's theme is "Getting in Shape for the Future: Health Eating and Active Living." Barbara Garcia, DPH Deputy Director, highlighted various Department activities commemorating Public Health Week. There will be two "brown bag" lunch presentations and a participatory demonstration of "Tai Chi in the Park" at the Civic Center. In addition DPH will launch its web page that begins to develop web-based resources for developing nutrition and physical activity programs and services.

Commissioners' Comments

- Commissioner Monfredini said that the web page has a tremendous amount of resources. It is important to get this information out to the public.

- Commissioner Guy said that the budget testimony reflects what public health is about right now, which is health care financing. Healthy living is a combination of healthy eating, exercise, and healthy, supportive food systems. Public Health Week activities reflect these different factors.

- Commissioner Chow wants to continue to receive updates on the Department's long-term emphasis on healthy food systems.

9) PUBLIC COMMENTS

Patrick Monette-Shaw's testimony:

"The City's budget deficit for next FY reportedly is $350 million. Currently, the City's total payroll is $800 million. Fully 42.5% of the payroll is consumed by 3,143 employees earning greater than $90,00 annually; these 3,143 represent just 11% of the City workforce, yet they are collectively paid $340 million ($10M shy of the deficit). That's right, 11% of City employees earn 42.5% of the City's payroll.

DPH employees comprise 22.6% of these 3,143 employee, as DPH has 709 employees earning upper-strata salaries. DPH's "managerial" employees gobble $79.3 million (23.3%) of the $340 million in salaries paid to City employees earning more than $90K.

Before this Health Commission recommends slashing healthcare services to the City's most vulnerable, and approves chopping jobs from the bottom of the ladder, you should examine just how much management "fat" exists at the top of the salary food chain, and chop at the top, first".

10) ADJOURNMENT

The meeting was adjourned at 6:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-03

RESOLUTION HONORING DR. EVELYN LEE

WHEREAS, Evelyn Lee, LCSW, Ed.D., served as the Executive Director of Richmond Area Multi-Services Inc. (RAMS) and as the Clinical Professor of Psychiatry at the University of California, San Francisco; and,

WHEREAS, Dr. Lee's enthusiasm for RAMS and its work, her support of staff and clients of the agency and her vision of the many ways that the organization could make an even greater contribution to the City resulted in the organization's expansion into areas such as developing and operating a partial hospitalization program with the SFGH Department of Psychiatry, expanding mental health promotion and counseling services to children and youth throughout the City and providing services at the Broderick Residential Care Facility; and,

WHEREAS, Dr. Lee had more than 36 years of clinical, management and administrative experience in mental health and human services, and over 30 years experience in classroom teaching, supervision of mental health professionals and students, workshops and consultation on mental health issues; and,

WHEREAS, prior to serving as Executive Director of RAMS, Dr. Lee was the Chief Program Director of the Department of Psychiatry at San Francisco General Hospital, where she helped to develop culturally competent treatment programs for acutely ill clients; and,

WHEREAS, Dr. Lee was an avid teacher and presented lectures, published books and articles and started the Asian psychologist training program at RAMS, which attracts trainees from all over the country; and,

WHEREAS, Dr. Lee was dedicated to addressing health disparity issues for individuals with limited English proficiency and instrumental in the development of multilingual materials on access to care; and,

WHEREAS, Dr. Lee was particularly interested in improving cross-cultural understanding and training among health providers, and she designed a curriculum for health care providers to work with interpreters and organized international exchange programs with Russia, Taiwan, China and Canada for mental health providers; and,

WHEREAS, Dr. Lee was dedicated to community work, and through her involvement with the NICOS health coalition championed the call for Asian communities to address gambling as a problem of addiction; and,

WHEREAS, Dr. Lee was deeply dedicated to and involved in the Buddhist church, and co-founded the Center for Compassionate Living, which is dedicated to Buddhist study and meditation; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-03 (Cont'd.)

WHEREAS, Dr. Lee passed away suddenly on Wednesday, March 26, 2003; and,

WHEREAS, Dr. Lee will be remembered for her compassion, her dedication, her abundance of energy, her spirit and her infectious "can-do" attitude; and,

WHEREAS, the loss of Dr. Evelyn Lee will be felt throughout the San Francisco community; now, therefore, be it

RESOLVED; the San Francisco Health Commission acknowledges and honors Dr. Evelyn Lee for her lifelong commitment and unselfish dedication to people's mental, physical and spiritual health and her contributions to the people of San Francisco; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission conveys its heartfelt condolences to the family of Dr. Evelyn Lee.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of April 8, 2003.

Michele Olson
Executive Secretary to
the Health Commission

Summary of FY 03-04
Contingency General Fund Reduction

Item No.	Description	FTE's	Contract or Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
	FY 02-03 Surplus						
DPH	FY 02-03 Surplus				2,600,000	(2,600,000)	Increases our projected year end surplus from $9.7 Million to $12.3 Million
	Subtotal - Prior Year Surplus	**0.00**		**0**	**2,600,000**	**(2,600,000)**	
	Revenues						
R1	Increased Hospital Revenues				4,200,000	(4,200,000)	Upper Payment limit (UPL) adjustment in base budget ($2.2 M) will not be required as a result of issuance of UPL targets by CMS in March. FY 02-03, received $4.3M more than $19.7M budgeted. CMAC and CAPH indicated that next year will also exceed $19.7M budget projecting a $2M addt'l payment.
R2	Hospital Based FQHC Revenue				1,500,000	(1,500,000)	Review of recent claims payment history indicates that base budget was understated.
R3	EHS revenues				282,500	(282,500)	Proposed increase to restaurant inspection fees. First increase in two years.
R4	M/Cal rate adjustment				(1,300,000)	1,300,000	CMAC approved a $58 increase to the Medi-cal per diem. We budgeted a $100 increase. Difference of $42/ day translates to $1.3M reduction.
R5	Prop 99 Funding decrease				(600,000)	600,000	State Dept of Health Service made year-end adjustment to CHIP revenues for 02-03. We anticipate a similar reduction for 03-04
	Subtotal - Revenues	**0.00**		**0**	**4,082,500**	**(4,082,500)**	
	Position deletions						
P1	SFGH	(5.70)	Civil	(440,866)		(440,866)	Delete 5.70 vacant positions.
P2	LHH	(6.00)	Civil	(406,024)		(406,024)	Delete 6.0 FTE vacant positions.
P3	Behavioral Health	(2.00)	Civil	(182,830)		(182,830)	Delete 2.0 FTE filled positions.
P4	Prevention	(3.30)	Civil	(280,904)		(280,904)	Delete 3.3 FTE filled positions.
P5	AIDS Office	(7.50)	Civil	(569,225)		(569,225)	Delete 7.5 FTE positions; 3.0 FTE vacant and 4.5 FTE Filled.
P6	DPH Administration and Support	(8.30)	Civil	(861,019)		(861,019)	Delete 8.3 FTE Position in Administration, Admin Support, Fiscal and Facilities. All filled positions.

Department o ublic Health
Summary of FY 03-04
Contingency General Fund Reduction

Item No.	Description	FTE's	Contract or Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
	Subtotal - Position Deletions	**(32.80)**		**(2,740,868)**	**0**	**(2,740,868)**	
	Program Reductions						
SA	Medical Care Substance Use Services (MCSUS) O/P & Prevention Program	(2.20)	Civil & Contract	(444,786)		(444,786)	MCSUS intervention/outreach/referral/screening services for SFGH inpatient, ER, and ISIS. The focus is to Identify substance-abusing Individuals before they develop life-threatening drug/alcohol illnesses and link them to community resources.
MH	Baker Places -Westside Lodge Day Treatment		Contract	(1,970,276)	(470,276)	(1,500,000)	The 36 bed combined residential and day treatment program will be converted to a 16 bed residential and day treatment program serving clients from SFGH.
PH	HIV Health Services		Contract	(290,000)		(290,000)	Reduction of (1) $140k for work re-entry employment programs, and (2) $150k for technical support to minority integrated services contractors.
DPH	Employee Assistance Program	(1.50)	Civil	(132,400)	(35,000)	(97,400)	Reduction of City wide Employee Assitance Program. Will increase wait period for appointments and may reduce the number of sessions per issue that an employee presents with for assistance.
HH	Health at Home	(4.10)	Civil	(273,705)	(29,259)	(244,446)	Reduce capacity of Health at Home services and prioritize those patients that would otherwise require hospital care.
	Subtotal - Program Reductions	**(40.60)**		**(3,111,167)**	**(534,535)**	**(2,576,632)**	
	Total - Department-Wide	**(40.60)**		**(5,852,035)**	**6,147,965**	**(12,000,000)**	

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-03

REJECTING THE DEPARTMENT OF PUBLIC HEALTH'S CONTINGENCY BUDGET FOR FISCAL YEAR 2003-04, AND URGING THE BUSINESS COMMUNITY, ORGANIZED LABOR AND RESIDENTS, TO WORK WITH THE MAYOR AND THE BOARD OF SUPERVISORS TO AVOID DEVASTATING CUTS TO THE COUNTY'S HEALTH SAFETY NET SERVICES

WHEREAS, the City and County of San Francisco is facing a $350 million dollar shortfall for fiscal year 2002-03, and the Mayor's Budget Office has required that the Department prepare a contingency plan which would cut the Department's General Fund by 10% or $27 million dollars; and,

WHEREAS, in the base budget the Department already absorbed $20 million dollars in unavoidable increases and decreased the General Fund usage of the Department by $18 million dollars; and,

WHEREAS, the base budget already made large cuts to vital health programs, including the reprogramming of the Mental Health Rehabilitation Facility (MHRF), increasing eligibility requirement for outpatient medication, reducing hospital based translation services, eliminating adult dental services, cutting important referral/education services and outpatient drop-in substance abuse services, and eliminating contracts for emotional and practical peer support; and,

WHEREAS, the Health Commission recognizes that the City is in a true financial emergency and that the Mayor must submit a balanced budget to the Board of Supervisors by July 1, 2003; and,

WHEREAS, the Health Commission strongly encourages other City Departments to do their due diligence to identify budget reductions and contribute their fair share to addressing the City's budget crisis; and,

WHEREAS, the Health Commission understands there is a proposal for City employees to pay their share of their retirement contribution to assist the City in balancing its budget; and,

WHEREAS, the Health Commission appreciates the Department's attempt to further reduce its General Fund requirements in order to comply with the instructions of the Mayor's Budget Office; and,

WHEREAS, the Health Commission believes that the proposed contingency cuts are counter to the Departments strategic plan and would be devastating to the safety net of San Francisco; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-03 (Cont'd.)

WHEREAS, the Health Commission does not believe that alternative cuts exist in the Health Department budget that would be less harmful to health services in San Francisco than those proposed in the contingency budget; and,

WHEREAS, the Health Commission also recognizes its own responsibility to maintain safety net health and public health services for San Francisco's most vulnerable residents; now, therefore, be it

RESOLVED, that the Health Commission finds the Department of Public Health contingency cuts unacceptable; and, be it

FURTHER RESOLVED, that the Health Commission rejects any further service cuts to the Department of Health's budget beyond those detailed in the base budget; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors and the Mayor to support fee and license increases for the Department's Environmental Health Services division so that the Department can fully recoup the costs of providing these services; and, be it

FURTHER RESOLVED, that the Health Commission urges the business community and the residents of San Francisco to support additional revenue enhancing measures to prevent elimination of vital health services; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges organized labor to agree that City staff pay their portion of their own retirement or agree to other concessions that would save the City approximately $80 million dollars; and, be it

FURTHER RESOLVED, that although the Health Commission will not support any service cuts beyond those stipulated in the base budget, the Health Commission does wish for the Department to keep the Health Commission apprised on what cuts or augmentations the Mayor's Budget Office and/or the Board of Supervisors have made to the Health Department's fiscal year 2003-04 budget.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of April 8, 2003.

Michele Olson
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
APR 11 2003
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, April 15, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 8, 2003**
**Minutes of April 8, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **DPH-Environmental Health Services.** Resolution approving an ordinance amending the San Francisco Municipal Code Business and Tax Regulations Code by amending Sections 35, 120, 248, 249.1, 249.7, 249.12, 249.13 and 249.14, and the San Francisco Municipal Code Health Code, by amending Section 258 relating to fees for licenses or permits for inspections by the Department of Public Health.
**Cover memo, Ordinance*

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive multiyear contract renewal with CAL-PEP, in the amount of $335,444, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive multiyear contract renewal with Health Initiatives for Youth, in the amount of $83,983 per year, for a total two-year contract amount of $167,966, to provide Health and Youth Development Training prevention services targeting agencies providing services to defined behavioral risk youth populations, for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive multiyear contract renewal with Shanti, in the amount of $605,340, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Bay Area Young Positives, in the amount of $111,334, to provide outreach and linkage prevention services targeting defined behavioral risk youth populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.6) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Stop AIDS Project, in the amount of $320,086, to provide Prevention for HIV Positive Persons services through the Positive Force program targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.7) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Walden House, in the amount of $137,629, to provide HIV prevention services to behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with UCSF-Stonewall Project, in the amount of $105,110, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Monitoring report response letter, Client demographic information form*

(3.9) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $370,000, to provide HIV prevention services to behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.10) **PHP-STD Prevention and Control** – Request for approval of a retroactive contract renewal with Internet Sexuality Information Services, Inc., in the amount of $93,900, to provide syphilis elimination services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.11) **PHP-Emergency Medical Services** – Request for approval to accept retroactively and expend a grant from the California State EMS Authority, in the amount of $587,034, for the support of Trauma Care services at San Francisco General Hospital, for the period of July 1, 2002 to June 30, 2003.
* *Calendaring request memo, Budget description, Grant information form*

(3.12) **BHS-Substance Abuse** – Request for approval of a contract renewal with Center for Human Development, in the amount of $153,265 per year, for a total contract amount of $613,061, to provide substance abuse prevention and education services to youth in San Francisco schools, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Monitoring report response letter, Client demographic information form*

(3.13) **BHS-Substance Abuse** – Request for approval of a contract renewal with National Council on Alcoholism, in the amount of $238,745 per year, for a total contract value of $954,979, to provide a 24-hour telephone referral help line and the Youth Aware Life Skills substance abuse prevention program, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.14) **BHS-Substance Abuse** – Request for approval of a contract renewal with Friendship House Association of American Indians, Inc., in the amount of $305,169 per year, for a total contract value of $1,220,675, to provide residential substance abuse treatment services targeting adult American Indians and homeless individuals, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report letter, Monitoring report summary, Client demographic information form*

(3.15) **BHS-Substance Abuse** – Request for approval of a contract renewal with Homeless Prenatal Program, in the amount of $183,007 per year, for a total contract amount of $732,028 to provide outreach and case management services targeting poor and homeless pregnant women and/or mothers who abuse substances, for the period of July 1, 2203 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Response letter, Plan of correction, Client demographic information form*

(3.16) **BHS-Substance Abuse** – Request for approval of a contract renewal with Morrisania West, Inc., in the amount of $579,718, for the provision of day treatment substance abuse services targeting African American youth and young adults, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Corrective action plan, Response letter, Client demographic information form*

(3.17) **BHS-Substance Abuse/Mental Health** – Request for approval of a contract renewal with Chemical Awareness and Treatment Services, Inc., dba Community Awareness and Treatment Services, in the amount of $3,183,888, to provide substance abuse and mental health services targeting adult men and women, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.18) **BHS-Mental Health** – Request for approval of a contract renewal with Recreation Center for the Handicapped, in the amount of $97,391 per year, for a total contract amount of $389,563, to provide behavioral day treatment services for dually diagnosed, mentally ill and developmentally challenged clients, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

4) FOR DISCUSSION: **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) FOR DISCUSSION: **PRESENTATION OF THE ANNUAL PREVENTION UPDATE – PREVENTION FRAMEWORK**
(Ginger Smyly, Director, Community Health Promotion and Prevention)
**Update*

6) FOR DISCUSSION AND ACTION: **INFORMATION TECHNOLOGY UPDATE AND APPROVAL OF THE SIEMENS REMOTE COMPUTING OPTION CONTRACT AND SIEMENS PRODUCTS AND SERVICES CONTRACT**
(Dave Counter, Director, Management Information System, DPH)
**Update and Resolution*

7) FOR DISCUSSION AND ACTION: **APPROVAL OF THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS AMENDMENTS**
(Valerie Ng, M.D., Chief of Medical Staff Elect, SFGH)
**Amendments and Resolution*

8) FOR DISCUSSION AND ACTION: **APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR EXCESS EXPENDITURES AT SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL**
(Gregg Sass, DPH Chief Finance Officer)
** Report*

9) **PUBLIC COMMENTS****

10) CLOSED SESSION: **CONSTITUTIONAL PRIVACY RIGHTS/CONFIDENTIAL MEDICAL INFORMATION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

C) Closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

FOR ACTION: **Consideration of an appeal by a City employee of a denial of the determination for catastrophic illness status pursuant to Section 16.9-29 of the San Francisco Administrative Code**

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)5 and San Francisco Administrative Code Section 67.12(b)(4).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

HEALTH COMMISSION MEETING

Tuesday, April 15, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAY - 1 2003

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 8, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the April 8, 2003 Health Commission meeting, with three technical corrections.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) **DPH-Environmental Health Services -** Resolution approving an ordinance amending the San Francisco Municipal Code Business and Tax Regulations Code by amending Sections 35, 120, 248, 249.1, 249.7, 249.12, 249.13 and 249.14, and the San Francisco Municipal Code Health Code, by amending Section 258 relating to fees for licenses or permits for inspections by the Department of Public Health.

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive multiyear contract renewal with CAL-PEP, in the amount of $335,444, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive multiyear contract renewal with Health Initiatives for Youth, in the amount of $83,983 per year, for a total two-year contract amount of $167,966, to provide Health and Youth Development Training prevention services targeting agencies providing services to defined behavioral risk youth populations, for the period of January 1, 2003 through December 31, 2004.

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive multiyear contract renewal with Shanti, in the amount of $605,340, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.

Commissioners' Comments

- Commissioner Penn requested a six-month follow-up report to the Population Health and Prevention Joint Conference Committee, specifically on outreach activities and bringing different ethnicities into the program.

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Bay Area Young Positives, in the amount of $111,334, to provide outreach and linkage prevention services targeting defined behavioral risk youth populations, for the period of January 1, 2003 through December 31, 2003.

(3.6) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Stop AIDS Project, in the amount of $320,086, to provide Prevention for HIV Positive Persons services through the Positive Force program targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

Commissioners' Comments

- Commissioner Penn requested a six-month follow-up report to the Population Health and Prevention Joint Conference Committee.

(3.7) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Walden House, in the amount of $137,629, to provide HIV prevention services to behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

Barbara Garcia, Deputy Director of Health, updated the Budget Committee on the agency's status and the activities that have been undertaken with the agency's management and the Attorney General's Office. They have been working diligently with Walden House around their financial status, including their refinancing with Cal Mortgage, which is planned for April, the hiring of a

CFO, which happened recently, and monthly financial statements to the DPH CFO. DPH has begun strong coordination with the Attorney Generals Office in looking for certain future developments by the agency, including: reorganization and recruitment of new board members; a financial audit of the organization; and arrangements for interim executive leadership. DPH staff will be attending a meeting with the agency and the Attorney General's Office. In summary, the Department is working diligently with Walden House and the Attorney General's Office to address all the outstanding issues.

Commissioners' Comments

- Commissioner Monfredini is still extremely concerned about the viability of the agency, and will continue to be until the issues are resolved. She asked if Mr. Welch had resigned from the Board of Directors. Debbie Lowis, Walden House Administrative Director, replied that this issue was a subject of today's board meeting. Compass Point is also at the Board meeting. Commissioner Monfredini said that DPH staff would continue to monitor agency closely and she hopes the agency is getting its financial house in order, and that all inappropriate expenditures have ceased. She confirmed that they had hired a CFO, and Ms. Lowis said yes, with today as his first day on the job. Commissioner Monfredini asked DPH staff to keep the Commission updated. Ms. Lowis said the agency is dedicated to moving forward.

- Commissioner Penn asked for a status report on the bond financing. Ms. Lowis replied that a meeting is scheduled on Monday, April 21 with Cal Mortgage. There is certain reluctance at Cal Mortgage because of the State budget issue and one of the agenda items on the April 21st agenda is to discuss whether Walden House's refinancing can be considered on the June approval docket.

(3.8) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with UCSF-Stonewall Project, in the amount of $105,110, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.9) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $370,000, to provide HIV prevention services to behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.10) **PHP-STD Prevention and Control** – Request for approval of a retroactive contract renewal with Internet Sexuality Information Services, Inc., in the amount of $93,900, to provide syphilis elimination services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.11) **PHP-Emergency Medical Services** – Request for approval to accept retroactively and expend a grant from the California State EMS Authority, in the amount of $587,034, for the support of Trauma Care services at San Francisco General Hospital, for the period of July 1, 2002 to June 30, 2003.

(3.12) **BHS-Substance Abuse** – Request for approval of a contract renewal with Center for Human Development, in the amount of $153,265 per year, for a total contract amount of $613,061, to provide substance abuse prevention and education services to youth in San Francisco schools, for the period of July 1, 2003 through June 30, 2007.

Gregg Sass, DPH Chief Financial Officer, highlighted to the Committee that the next number of contracts reflects a new feature, which is a contingency budget. The contingency is not currently

funded, but is available in the event the Board of Supervisors approves additional funding for COLAs, addbacks or service augmentation. This new process is being implemented on a pilot basis.

(3.13) **BHS-Substance Abuse** – Request for approval of a contract renewal with National Council on Alcoholism, in the amount of $238,745 per year, for a total contract value of $954,979, to provide a 24-hour telephone referral help line and the Youth Aware Life Skills substance abuse prevention program, for the period of July 1, 2003 through June 30, 2007.

(3.14) **BHS-Substance Abuse** – Request for approval of a contract renewal with Friendship House Association of American Indians, Inc., in the amount of $305,169 per year, for a total contract value of $1,220,675, to provide residential substance abuse treatment services targeting adult American Indians and homeless individuals, for the period of July 1, 2003 through June 30, 2007.

(3.15) **BHS-Substance Abuse** – Request for approval of a contract renewal with Homeless Prenatal Program, in the amount of $183,007 per year, for a total contract amount of $732,028 to provide outreach and case management services targeting poor and homeless pregnant women and/or mothers who abuse substances, for the period of July 1, 2203 through June 30, 2007.

(3.16) **BHS-Substance Abuse** – Request for approval of a contract renewal with Morrisania West, Inc., in the amount of $579,718, for the provision of day treatment substance abuse services targeting African American youth and young adults, for the period of July 1, 2003 through June 30, 2004.

(3.17) **BHS-Substance Abuse/Mental Health** – Request for approval of a contract renewal with Chemical Awareness and Treatment Services, Inc., dba Community Awareness and Treatment Services, in the amount of $3,183,888, to provide substance abuse and mental health services targeting adult men and women, for the period of July 1, 2003 through June 30, 2004.

(3.18) **BHS-Mental Health** – Request for approval of a contract renewal with Recreation Center for the Handicapped, in the amount of $97,391 per year, for a total contract amount of $389,563, to provide behavioral day treatment services for dually diagnosed, mentally ill and developmentally challenged clients, for the period of July 1, 2003 through June 30, 2007.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the Consent Calendar of the Budget Committee. For Item 3.4 and Item 3.6, the Commission requested six-month follow-up report to the Population Health and Prevention Joint Conference Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Little Hoover Commission Report

Last Thursday, the Little Hoover Commission released a report on California's public health system. The report cites California's public health system for control of infectious disease and possible bioterrorism as the weakest link in the State's homeland defense. The Commission asserts, among other things, that California's public health system is decentralized with public health functions occurring across many state departments, that attention that should be spent on public health preparedness is instead being diverted to maintaining programs for the uninsured, and that the system lacks leadership, communication and coordination. The Commission makes several recommendations to improve the public health system. Among them are to create a Public Health

Department – separate from Medi-Cal and other public insurance programs – that would include the State Department of Health Service's current public health programs, all of the Emergency Medical Services Authority's functions, and the Office of Statewide Health Planning and Development;

- establish the position of California Surgeon General to lead the Public Health Department;
- establish a Public Health board to advise the California Surgeon General on public health issues; and
- have the State take the lead on coordinating federal, state and local efforts, as well as those of strategic partners, to improve communications, capacities and preparedness.

Contrary to the findings in the report, Dr. Katz believes that local Health Departments like San Francisco's are better prepared now than they were two years ago, due in large part to the infusion of federal bioterrorism preparedness funds, which are not only helping DPH prepare for a response to bioterrorism, but also helping build infrastructure capacity to respond to any disease outbreak. While there is always going to be more work that needs to be done, bioterrorism planning and preparedness efforts will continue to result in the ability to better respond to a variety of public health challenges. The full report can be viewed online at: http://www.lhc.ca.gov/lhcdir/report170.html.

AB 2034 Homeless Outreach Program Update

The AB 2034/MOST Program at the South of Market Mental Health Clinic was funded by the State in late 2000 to serve 120 homeless individuals who are severely mentally disabled and who have not successfully linked in the past to community-based mental health services. Many of the enrolled clients have histories of frequent hospitalizations and/or incarcerations. The program provides intensive clinical and wrap around services and is based on the recovery philosophy. Currently there are 121 clients enrolled in the program. Outcome data indicate that enrollment has led to a 46% reduction rate for hospitalization days, a 72% reduction rate for incarceration days, and a 79% reduction rate for homeless days.

New Larkin Street Drop-in Center opens

Larkin Street opened its new 7,500 square foot Drop-in Center at 1138 Sutter Street this month. The new center is expected to serve approximately 200 more youth annually than the old location due to its larger size and upgraded facilities. The Mayor's Office of Community Development and the Community Program's Division of the Department of Public Health gave a combined total of $400,000 towards the development of the new center. The Drop-in Center is the gateway to Larkin Street's 17 other housing and job training programs.

Title 9 State Regulations

DPH representatives from CSAS, SFGH and CBHS have worked closely with state and federal officials to revise methadone treatment regulations. Revisions for California's Title IX regulations are currently being drafted by the state; these revisions are expected to dramatically improve patient enrollment and retention in methadone treatment programs. In addition, the state recently approved several additional beneficial changes including: SB 1807 Office Based Opiate Treatment, 180-Day detoxification exemption, and 30-Day Take Home Dose exemptions.

Drug and Alcohol Screening Project to Begin

In 2000, San Francisco was selected by the Join Together Organization out of the Boston University School of Public Health to become one of 15 Demand Treatment! Cities. This project will provide brief screenings for drug and alcohol use and provide interventions or referrals for treatment, as necessary, in four public health centers (Silver Avenue, Ocean Park, South East Health Center, and Family Health Center at San Francisco General Hospital). A one-page self-administered screening tool was developed and translated into five languages (Spanish, Russian, Chinese, Korean, and

Cambodian). There will be half-day trainings for each of the clinics conducted by the California Society for Addiction Medicine (CSAM) to orient staff about the nature of substance abuse, interpreting the results of the screening, conducting brief interventions, and making referrals. This program is expected to be implemented into the intake process of each clinic this month.

COMMUNITY HEALTH NETWORK/ SAN FRANCISCO GENERAL HOSPITAL CREDENTIALS REPORT

April 2003
Health Commission – Director of Health Report
(From 4/7/03 MEC and 4/8/03 JCC)

	4/03	7/02 to 3/03
New Appointments	12	179
Reinstatements		1
Reappointments	46	256
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	11	105
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	6	23
Voluntary Relinquishments	8	23
Proctorship Completed	14	137

Current Statistics – as of 4/1/03	
Active Staff	421
Affiliate Professionals (non-physicians)	158
Courtesy Staff	494
Referring Staff	44
Total Members	1119

Applications In Process	37	
Applications Withdrawn Month of Jan 2003	2	13(07/02 to 3/03)
SFGH Reappointments in Process Apr. 2003 to Jul. 2003	118	

Commissioners' Comments

- Commissioner Umekubo asked if the Little Hoover Commission studied other States, in addition to California. Dr. Katz said the report was specific to California.

- Commissioner Chow asked for an update on SARS. Dr. Katz said there have been three suspected cases of SARS in San Francisco, two of which turned out to be other diseases. There is still one outstanding suspected case. Yesterday Dr. Fernyak, Director of Epidemiology and Disease Control, participated in a press conference held by Supervisor Ma to help dispel rumors and disseminate information.

- Commissioner Penn asked if the AB 2034 program would continue to be funded. Dr. Katz replied that the program is currently not on the list of cuts, and the Department is hoping to institutionalize this model as the way services are provided. Hopefully the State will continue to fund the program.

- Commissioner Guy asked if the Department is taking a position on the proposals recommended by the Little Hoover Commission, and if there are any State legislators who plan to carry legislation to implement these recommendations. Dr. Katz said that the State Department of Health Services is currently under a directive to reduce staff by 15 percent, which is contrary to what the report calls for. He will do some more research and provide additional information to the Health Commission.

5) PRESENTATION OF THE ANNUAL PREVENTION UPDATE – PREVENTION FRAMEWORK

Ginger Smyly, Director, Community Health Promotion and Prevention, discussed the development of the Prevention Framework. At the initiation of the Population Health and Prevention Joint Conference Committee, Barbara Garcia convened a planning group to develop the prevention framework. Staff wanted to insure a cross representation of various health department sections and the group included Section Directors and representatives from the AIDS Office, Health and Safety and Community Programs.

After the framework and guiding principles were developed, a prevention planning work group was formed in order to implement the framework and propose a Department-wide prevention plan. They are now mid-way through the planning process and have focused on the top health outcomes for San Franciscans, the determinants, causes and risk factors of those health outcomes. They will be able to report back on the outcomes of this current phase in the Fall. One difficulty is developing a strategic plan without knowing the outcome of the budget process. However, times like these provide an opportunity to demonstrate the importance of prevention programs.

Commissioners' Comments

- Commissioner Guy said that this effort is to redefine primary prevention and provide leadership and focus to prevention activities. There are issues of resources. If the Department is going to really implement this program, resources will be needed and evaluations will have to be performed to demonstrate concrete outcomes. This is a culture change that will impact all areas of the Department, and will take some time.

- Commissioner Parker thanked the Commission for its support of this effort to develop a prevention framework. The Overview of Health is the roadmap, as is Healthy People 2010. The Department is attempting to change the approach of diagnosis and treatment, where prevention is not emphasized, to one where prevention is on equal footing. He said if the framework includes secondary and tertiary prevention it should be clearly specified in the document. He added that goals should drive the framework, and be specified first. Ms. Smyly said that the planning group consciously decided to not put goals first. The roadmap will be much more Section by Section, rather than encompassing the entire Department.

- Commissioner Umekubo said prevention is such an important aspect of health and the emphasis, as a medical provider, is not on prevention but on episodic treatment of sickness. Prevention is also so challenging, and each strategy requires persistence and patience. The health community needs to keep prevention continuously on the radar screen. Hypertension is a good example of where prevention could be so much more effective. Ms. Smyly said that while the committee is focusing on social determinants, they are taking issues like heart disease and looking at how to address this problem from a primary, secondary and tertiary approach.

- Commissioner Penn encouraged the prevention committee to summarize what data and what best practices are available. In terms of seeking the elimination of health disparities, DPH investigators need to do the studies that will get answers. The current literature does not provide the answers.

- Commissioner Monfredini is concerned that the Department will not have the money to sustain this effort, and asked how DPH is going to fund this effort. Dr. Katz said that prevention is an area where creativity can impact numerous people without additional resources. He used the example of folic acid supplementation. He is hopeful that this plan will allow DPH to grow its prevention efforts when California is back in good economic times. There is also the opportunity to sponsor or advocate for legislation, for example related to smoking, infant car seats, etc., that require prevention activities. Commissioner Monfredini wants assurances that when economic times are better, prevention activities will be enhanced. Ms. Smyly said that they are identifying interventions that can be implemented with little money. In addition, they will be ready to pounce when there are additional funding opportunities.

- Commissioner Chow said it is to the Department's credit that it articulated in the budget that prevention continues to be of primary importance. He suggested that the Department identify pilot programs that carry certain initiatives from beginning to end and, if possible, these pilot projects should be identified in the next progress report.

6) INFORMATION TECHNOLOGY UPDATE AND APPROVAL OF THE SIEMENS REMOTE COMPUTING OPTION CONTRACT AND SIEMENS PRODUCTS AND SERVICES CONTRACT

Dave Counter, Director, Management Information Systems, presented the Information Technology Strategic Systems Plan Proposal. DPH maintains two sole source Master Agreements with Siemens for mission-critical Information Technology (IT) systems: the Remote Computing Options contract and the Products and Services contract. Both of these contracts expire on June 30, 2004.

DPH IT Future Directions

- Integrate clinical and financial systems

- Enhance quality and access to clinical information
- Enhance revenue management
- Establish a unified clinical and fiscal systems solutions for SFGH, Laguna Honda, Jail Health Services, Primary Care and Behavioral Health
- Implement systems solutions for regulatory compliance (SB-1875, HIPAA)
- Enhance computing and network infrastructure capabilities

DPH is proposing to establish new contracts with Siemens. This proposal meets the Department's criteria because it addresses DPH IT priorities, delivers the latest and best technology, delivers a finance plan in accordance with operational base budget, meets the criteria of the Administrative Code and provides support services to augment DPH staff resources. Risk of failure is minimized by the stability and strength of the company, strict contract terms, conditions and warranties, and a three-year contract term and assessment.

Mr. Counter discussed the elements of the Siemens technical proposal, contract proposal and fiscal proposal.

Benefits of Siemens IT Strategic Proposal

- Utilizes Section 21.30 to establish multi-year, sole-source contract plan
- Cost-effective by fixing fees at current base budget levels, including new long-term care system
- Expenditure authority allows for additional enhancements pending future available funding
- Integration of clinical and fiscal functionality
- Enhances DPH clinical capabilities
- Maintains critical IT system operations while transitioning SFGH, LHH, Primary Care and Jail Health Services to a new standard set of applications

Mr. Counter introduced Janet DeLeon, the Senior Vice President for Siemens Corporation who has responsibility for the United States, and Ron Castleberry, the Regional Vice President for Siemens Western Operations. He acknowledged Dr. Bob Brody, the Department's IT Executive Oversight Committee, his Senior IT staff and Ron Alvarez.

Commissioners' Comments

- Commissioner Monfredini supports this proposal, as it will greatly enhance the Department's operation. She thanked Ms. DeLeon and Siemens for coming to the meeting.

- Commissioner Chow indicated that Dr. Navarro, Chief of the Medical Staff at SFGH, called him to express her and the medical staff's support for this proposal. He asked Dr. Brody to comment on the proposal. Dr. Brody said that the Department has had a long partnership with SMS and Siemens and have had a lot of success in building a system that has brought together the entire clinical system. This proposal is the logical next step. Commissioner Chow asked him if the staff is ready for this type of system. Dr. Brody said that some physicians may not be ready to submit notes using a computer, so they are working with Siemens to develop alternatives, such as voice recognition software.

- Commissioner Penn asked how the contract protects the Department's ability to access state-of-the-art technology as it is developed. Mr. Counter said that the tailoring of the system to the DPH environment is part of the contract, as well as providing technical and professional support. Commissioner Penn asked who has implemented the Soarian system. Ms. DeLeon said that two

health systems in Pennsylvania, Chester Hospital system in Virginia, and 22 other sites have some phase of the system, however, no system yet is fully live. Commissioner Penn is concerned that DPH have enough time in the three-year contract to fully evaluate if the technology works. Mr. Counter feels that 48 months provides enough time to evaluate—24 months to implement then at least one year to evaluate. Commissioner Penn asked when DPH might know if Behavioral Health will be implemented. Mr. Counter said Siemens will do a gap analysis of behavioral health needs to see what can be accomplished with Soarian technology. In addition, Denver Health has integrated behavioral health services into existing medical services, and DPH staff can use Denver staff as resources. Mr. Counter said he could have a report on this in July.

- Commissioner Guy asked Dr. Katz to comment on the contract. Dr. Katz said that several section heads have expressed support for this proposal because it will improve services and save time. This is a great deal for DPH. Commissioner Guy supports the proposal and has confidence in its benefits. She would like an update to the CHN and LHH Joint Conference Committees in the Fall to follow-up on issues such as behavioral health integration, clinician use of the system, etc. She asked Laguna Honda staff to comment on the possibility of "cultural lag" to accept this new technology. Dr. Terry Hill, Laguna Honda Hospital Medical Director, has convened a group of clinicians to be involved in the redesign of the technology. Physicians do understand the impact this will have on nursing. Mary Louise Fleming, Director of Nursing, said the nursing staff is excited about this project but is aware that it will take a lot of work. However, they do not have the time to continue to do things the way they are done now. The nursing staff is also excited to work with Siemens to pioneer a long-term care system. Larry Funk added that the Laguna Honda staff is excited about the opportunity this presents. This is an affordable and technological system that will allow LHH to fully integrate.

- Commissioner Umekubo asked if the Soarian technology could be customized. Ms. DeLeon said that it could be. Commissioner Umekubo emphasized that clinicians be involved in the development and implementation of the technology.

- Commissioner Chow asked if the perpetual license allows the Department to get application upgrades at no cost. Mr. Counter said that the on-going fees include all future upgrades. Commissioner Chow asked if waiting until 2007 to update the billing operations would mean that, until that time, that system would be less than state-of-the-art. Mr. Counter said that it is important to allow that function, which was just recently brought in house, to fully stabilize. However, the director of that unit is involved in the development of the system from the get go. Commissioner Chow asked if hardware is included in the budget. Mr. Counter replied that the Soarian system will run remotely so no cost is required for hardware. In terms of the desktop, the technology allows for cheaper desktop systems.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved Resolution #8-03, titled "Approving Renewal of Two (2) Master Contract Agreements with Siemens Medical Solutions Health Services Corporation (Remote Computing Option and Products and Services)," (Attachment A).

7) APPROVAL OF THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS AMENDMENTS

Valerie Ng, M.D., Chief of Medical Staff Elect, SFGH, presented the proposed amendments to the San Francisco General Hospital Medical Staff Bylaws. The SFGH medical staff has approved the

amendments. The majority of the revisions are cosmetic. A summary of the revisions is attached (Attachment B).

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the amendments to the San Francisco General Hospital Medical Staff Bylaws and Rules and Regulations.

8) APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR EXCESS EXPENDITURES AT SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL

Gregg Sass, DPH Chief Finance Officer, requested approval of a revenue supplemental appropriation of $14.2 million for expenditures that exceed budget at San Francisco General and Laguna Honda hospitals. Both hospitals are projecting revenues and expenses greater than budget for FY 02-03. The requested supplemental revenues and SFGH of $13.6 million are due to:

- $4.3 million more than budget for SB 1255
- $2.1 million more than budget for Capitated Health Plan revenues
- $5.0 million in Medi-Cal prior year settlements
- $2.2 million in other outpatient revenue

Requested supplemental revenues at Laguna Honda Hospital of $613,000 are due to surplus revenues in Skilled Nursing Facility Medi-Cal revenues.

Mr. Sass said that the issues that created over expenditures in the current fiscal year will either not recur or have been addressed in the FY 03-04 budget through budget initiatives, contract changes, MOU increases and increases to specific accounts.

The requested supplemental appropriation is fully funded from revenues and will not require additional General Fund.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the revenue supplemental appropriation for excess expenditures at San Francisco General Hospital and Laguna Honda Hospital.

9) PUBLIC COMMENTS

None.

10) CLOSED SESSION: CONSTITUTIONAL PRIVACY RIGHTS/CONFIDENTIAL MEDICAL INFORMATION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:35 p.m.

Present in closed session were Commissioners Chow, Guy, Monfredini, Parker, Penn and Umekubo; Raquel Smith, SFUSD; representing the appellant; Mark Bradshaw, SFUSD, representing the appellant; Mitch Katz, M.D., Director of Health and Michele Olson, Health Commission Executive Secretary.

C) Closed session to protect individual privacy rights under the State and U.S. Constitution and to maintain confidentiality of protected information under State and Federal law.

FOR ACTION: Consideration of an appeal by a City employee of a denial of the determination for catastrophic illness status pursuant to Section 16.9-29 of the San Francisco Administrative Code

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) voted to uphold the decision of the Director of Health to deny the appeal.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:54.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)5 and San Francisco Administrative Code Section 67.12(b)(4).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) voted not to disclose any discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-03

APPROVING RENEWAL OF TWO (2) MASTER CONTRACT AGREEMENTS WITH SIEMENS MEDICAL SOLUTIONS HEALTH SERVICES CORPORATION (REMOTE COMPUTING OPTION AND PRODUCTS AND SERVICES)

WHEREAS, master agreements with Siemens expire on June 30, 2004; and,

WHEREAS, the Department of Public Health's Information Technology (IT) team has conducted an assessment of current IT capabilities and an analysis of future needs, which includes establishment of a single clinical and fiscal IT platform across Public Health in the Hospitals (San Francisco General Hospital and Laguna Honda Hospital), Jail Health and Behavioral Health and integrates clinical and financial applications; and,

WHEREAS, a Strategic Systems Plan was developed, which builds upon past investments and system successes, provides a seven-year transition to a new generation of IT systems recently developed by Siemens, and accomplishes the IT goals identified in the Department of Public Health needs analysis within the fiscal parameters of the current Siemens contract base budget; and,

WHEREAS, the Department has made substantial investments in Siemens systems since 1994, which would be both costly and difficult to replace; and,

WHEREAS, many factors support continuing a contractual relationship with Siemens, including the stability and strength of Siemens, past success with installs and enhancements of clinical and financial systems at San Francisco General Hospital, and the strengths of existing IT and fiscal resources in the Department; and,

WHEREAS, an amendment to the City and County of San Francisco Administrative Code (Section 21.30) now allows IT contracts to be considered sole source within certain parameters; and,

WHEREAS, the Department has obtained the support of the Committee on Information Technology, City Attorney, Office of Contract Administration and Controller with regard to the renewal of the Siemens contract; and,

WHEREAS, the seven-year Strategic Systems Plan has the broad support of clinical, financial and administrative leadership of the Department; now, therefore, be it

RESOLVED, that the Health Commission finds the Department's Strategic Systems Plan to be acceptable; and, be it

FURTHER RESOLVED, that the Health Commission supports renewal of two three-year contracts for: (1) Remote Computing Option and (2) Products and Services to become effective on July 1, 2004 in the amount of $9,900,000 each.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of April 15, 2003.

Michele Olson
Executive Secretary to
the Health Commission

2003 SFGH Medical Staff Bylaws Changes

Topic (page, section, paragraph)	*Change*	*Reason*
New 2003 Medical Staff Bylaws	Merging of the previously separate • Credentialing Procedure manual, • Committee manual, and • Corrective Action and Hearing manual	To maintain consistency with the "current industry standard" and the format preferred by the California Medical Association.
Board certification and Initial appointment to the medical staff (page 8, section 2.2-1 B)	Replaced "California Board of Dental Examiners" with "Dental Board of California"	To be consistent with the correct title of this dental licensing agency in California.
Board certification and Initial appointment to the medical staff (page 9, section 2.2-3A, 1st paragraph)	Replaced "…Medical Board of California…" with "…Medical or Dental Board of California…"	To acknowledge the Dental Board of California in licensing of dental practitioners.
Board certification and Initial appointment to the medical staff (page 9, section 2.2-3 A, 2nd paragraph)	We have added a paragraph stating that board certification (or "evidence of progression towards") is required for all medical staff members six years after the initial granting of medical staff membership. (Please note the following section – page 9, section 2.2-3 B – regarding "Waivers" to this requirement).	The previous SFGH Medical Staff Bylaws did not stipulate a time period for successfully attaining board certification. Six years was chosen to synchronize with renewal of medical staff privileges every two years.
Re-certification and re-appointment to the Medical Staff (page 20, section 4.3-4, first paragraph)	We have added the phrase "evidence of progression towards board certification or re-certification (if applicable)".	This phrase was added to maintain consistency with the previous section (Board certification and initial appointment) as well as to acknowledge the mandated recertification requirement for certain medical specialties (e.g., Internal Medicine).
Elimination of 'Leave of Absence" (page 13, formerly section 2.8 – 2nd "bubble")		Our reasoning was that re-credentialing should occur every two years on schedule, regardless of what the faculty person is doing or where s/he is. (This is analogous to renewing one's medical license every two years, regardless of what that practitioner is doing.)
Elimination of the "referring staff" category (page 14, 2nd "bubble")		The "Referring Physician" category was established in 1994 with the advent of managed

Attachment B
Page 1 of 3

		care. A requirement of most health plans was that the primary care providers have a relationship with an acute care hospital that receives their referrals. As SFGH entered into the managed care arena, we created a special category for primary care physicians who joined our managed care network and refer, but do not treat, patients at SFGH. Subsequent discussions with the health plans that contract with SFGH revealed that they would like SFGH to verify the credentials of the primary care providers with whom we do business, but do not require that we offer these providers medical staff membership if they do not treat patient at SFGH. We have thus chosen to eliminate this category given the disproportionately large amount of administrative time needed to process a medical staff application for the minimal (if any) benefit to SFGH. The affected providers will receive a written letter explaining their loss of "referral physician" membership, but that this loss is not "for cause". They are still eligible to apply for courtesy medical staff membership.
The "temporary privileges" section (pages 29-33, section 5.2-5.4) has been substantially modified and expanded.	Three categories have been created: a. Temporary privileges (pages 29-31, section 5.2) b. Visiting privileges (pp. 31-32, section 5.3) c. Emergency privileges (p. 32-33, section 5.4)	The previous Bylaws tried to encompass all possible contingencies into the single category of "temporary" privileges. As a result, the category created a lot of confusion. These three new categories cover all the necessary situations, yet provide clear guidelines to whom and for which situations each category applies. The Emergency Privileges was a new recommendation from the Institute of Medical Quality to have in place in the event of a disaster.
Medical Executive Committee	Three new members have been added:	These services are critical to the overall medical

membership (p. 77, section 10.3-1, page 79)	• Director of Quality Management • Medical Director of Trauma Services • Medical Director of Perioperative Services	operations of SFGH, and the input of these Directors is vital to many issues discussed at Medical Executive Committee.
Elimination of the Integrated Therapies Subcommittee (p. 87, 3rd bubble)		The committee has not been meeting.
Critical Care Subcommittee (page 88, Section 10.10-4)	Created a new subcommittee, the Donor Council Subcommittee, and delineated its duties and meetings.	This committee is a multidisciplinary medical staff committee already in existence.

2003 SFGH Rules & Regulations Manual

Topic (page,section)	*Change*	*Reason*
Documentation for surgical procedures (page 4, section 1.H)	Reworded	Language clarification
Order during surgery (page 5, section 1.J)	Reworded	Language clarification
Research (page 6, section 1.N)	Reworded	Language clarification
Access to records (page 17, 4th "bubble")	Deleted	Concerns regarding compliance of previous section with the newly mandated Health Insurance Privacy and Portability Act (HIPAA), effective 04/15/03.
Orders written by medical students (page 17, section 11.M)	Reworded	Language clarification

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

20
1
16/03

AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 6, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
MAY - 1 2003
SAN FRANCISCO
PUBLIC LIBRARY

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 15, 2003**
**Minutes of April 15, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Ark of Refuge Inc., in the amount of $176,585, to provide an HIV Prevention Mentorship Program, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive multi-year contract renewal with Asian and Pacific Islander Wellness Center, in the amount of $412,697 per year for a total of $825,394, to provide HIV prevention services, for the period of January 1, 2003 through December 31, 2004.
* *Calendaring request memo, Monitoring report summary, Response letter, Client demographic information form*

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $78,392, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
* *Calendaring request memo, Monitoring report summary, Response letter, Client demographic information form*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive multi-year contract renewal with UCSF AIDS Health Project, in the amount of $357,770, to provide Prevention Provider Training and Prevention for HIV Positives Persons Training services to HIV service providers, for the period of January 1, 2003 through December 31, 2004.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive multi-year contract renewal with UCSF AIDS Health Project, in the amount of $474,515 per year, for a contract total of $949,030, to provide HIV counseling and testing, and REACH program services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.6) **PHP-AIDS Office** – Request for approval of a resolution approving an extension of the terms of the calendar year 2002-2003 contracts for the following twenty-two organizations: Aguilas, Inc., Asian Pacific Islander Wellness Center, Black Coalition on AIDS, Centerforce, Continuum HIV Day Services, Haight Ashbury Free Services, Inc., Harm Reduction Coalition, Institute for Community Health Outreach, Instituto Familiar de la Raza, Iris Center, Larkin Street Youth Center, Lavender Youth and Recreation Center, Mission Neighborhood Health Center, Positive Resource Center, Public Health Foundation, Regents of the University of California, San Francisco AIDS Foundation, Shanti Project, South of Market Health Center, Stop AIDS Project, Tenderloin AIDS Resource Center, Westside Community Mental Health Center.
* *Calendaring request memo, Resolution*

(3.7) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Baker Places, Inc., in the amount of $3,401,223 per year for a contract total of $6,802,446, to provide residential detoxification substance abuse treatment services, for the period of July 1, 2003 through June 30, 2005.
* *Calendaring request memo, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.8) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Positive Directions Equals Change, in the amount of $294,112 per year for a total contract amount of $1,176,448, to provide outpatient substance abuse treatment services targeting African American residents of the Bayview District, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary and letters, Corrective action plan, Client demographic information form*

(3.9) **CBHS-Substance Abuse/Mental Health** – Request for approval of a contract renewal with SAGE Project, Inc., in the amount of $537,692 per year for a total contract amount of $2,390,860, to

provide substance abuse and mental health services targeting women, men, transgender individuals and youth, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summaries and letters, Corrective action plans, Client* demographic information forms

(3.10) **CBHS-Substance Abuse/Mental Health** – Request for approval of a contract renewal with St. Vincent de Paul Society of San Francisco, in the amount of $1,817,852, to provide substance abuse treatment and substance abuse/mental health shelter services targeting homeless adults, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plans*

(3.11) **CBHS-Mental Health** – Request for approval of a contract renewal with Community Vocational Enterprises, Inc., in the amount of $1,342,507 per year for a total contract amount of $5,370,028, to provide vocational support services and employment targeting mentally ill customers, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.12) **CBHS-Mental Health** – Request for approval of a contract renewal with Swords to Plowshares, in the amount of $475,572 per year for a total contract amount of $1,902,288, to provide mental health services targeting homeless, disabled and disenfranchised veterans, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.13) **CBHS-Mental Health** – Request for approval of a contract renewal with Volunteer Center of San Francisco, in the amount of $226,335 per year for a total contract amount of $905,340, to provide outreach services targeting San Francisco mental health clients, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.14) **CBHS-Mental Health** – Request for approval of a contract renewal with Calvin Y. Louie, CPA, in the amount of $5,693,828, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.15) **CBHS-Mental Health** – Request for approval of a contract renewal with Catholic Charities of San Francisco, in the amount of $160,720 per year, for a total contract amount of $642,880, to provide supportive housing/mental health services to homeless residents of San Francisco targeting persons with disabling HIV/AIDS, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Response letter, Client demographic information* form

(3.16) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with St. Luke's Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 in City funds targeting uninsured adults, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting Medi-Cal adult beneficiaries, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary, Response letter, Client demographic information* form

(3.17) **CBHS-Mental Health** – Request for approval of a new contract with Mills-Peninsula Hospitals, in the amount of $105,000, to provide acute care, administrative day services and crisis intervention services for adolescents not covered by Medi-Cal, for the period of May 1, 2003 through June 30, 2004.
** Calendaring request memo*

(3.18) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with Lincoln Child Center, in the amount of $68,000, to provide residential mental health services to high-risk children and youth, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.19) **CBHS** – Request for approval of a resolution approving an extension of the terms of the following FY 2003-04 contracts:

Addiction Recovery and Treatment (dba Bay Area Addiction and Treatment)
Alameda County
Alta Bates Hospital
Asian American Recovery Services
Baker Places, Inc.
Bayview Hunters Point Foundation for Community Improvement
Big Brothers/Big Sisters of San Francisco
Caduceus Outreach Services
California Medivan (dba MV Transportation)
California Mental Health Directors Association
Catholic Charities
Catholic Healthcare West/MSC Psychiatric Services
Catholic Healthcare West/St. Francis Hospital
Catholic Healthcare West/St. Mary's Hospital
Catholic Youth Organization – St. Vincent's School for Boys
Center on Juvenile and Criminal Justice
Children's Council Network of San Francisco
Community Vocational Enterprises/Industrial Maintenance Engineers
Conard House
Continuum HIV Day Services
Crestwood Behavioral Health
Edgewood Children Services
Episcopal Community Services
Family Service Agency of San Francisco
Families First
Goodwill
Haight Ashbury Free Clinics, Inc.
High Gear Achievers, Inc.
Homeless Children's Network
Horizons Unlimited
Instituto Familiar de la Raza
Iris Center
JLC Services
Japanese Community Youth Center
Jelani House

Jewish Family and Children's Services
Mt. Diablo Medical Pavilion
Larkin Street Youth Services
Latino Commission
Lifemark Corporation
Lyon Martin Primary Health Care
Meadowland Janitorial
Mental Health Management (dba Canyon Manor)
Mission Council on Alcohol Abuse for the Spanish-Speaking
Mission Neighborhood Health Center
Mt. St. Joseph-St. Elizabeth
New College of California
New Leaf...Services for Our Community
North of Market Senior Services
Oakes Children's Center
Ohlhoff Recovery Services
Polaris Research & Development, Inc.
Potrero Hill Neighborhood House
Progress Foundation
Regents of the University of California
Richmond Area Multi-Services
RISE Institute
San Francisco Drug Abuse Advisory Board
San Francisco League of Urban Gardeners
San Francisco Mental Health and Education Funds, Inc.
San Francisco Pre-trial Diversion Project
San Francisco Psychoanalytic Institute and Society
San Francisco State University
San Francisco Study Center
San Francisco Suicide Prevention
Seneca Center
South of Market Health Center
Special Service for Groups (SSG)
St. Mary's Prescription Pharmacy
Support for Families of Children with Disabilities
Victor Treatment Centers
Walden House
West Bay Filipino Multi-Services Center
Westside Community Mental Health Center, Inc.
YMCA
Youth Leadership Institute

(3.20) **CHPP-Promotion Section** – Request for approval of a contract renewal with Polaris Research and Development, Inc., in the amount of $150,000, to provide comprehensive services for the Tobacco Free Project, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.21) **PHP-STD Prevention and Control** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $90,000, to provide a syphilis awareness social marketing campaign, for the period of January 1, 2003 through December 31, 2003.

** Calendaring request memo, Monitoring report summary*

(3.22) **PHP-Children's Environmental Health Promotion** – Request for approval of a retroactive sole source multi-year contract renewal with San Francisco State University, in the amount of $149,259 for year-one and $110,633 for year-two, for a contract total of $259,892, to provide Childhood Asthma Initiative services targeting children ages 0-5, for the period of July 1, 2002 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.23) **CHN-Office of Managed Care** – Request for approval of a contract renewal with San Francisco Health Plan, in the amount of $4,877,185, to provide universal health insurance services targeting San Francisco children, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Response letter*

(3.24) **DPH-Central Administration** – Request for approval of DPH annual patient rates effective July 2003.
** Calendaring request memo, Rate schedule*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HEALTH AT HOME UPDATE**
(Kathy Eng, Director, Health at Home)
**Report*

6) **FOR DISCUSSION:** **ASTHMA TASK FORCE UPDATE**
(Rajiv Bhatia, M.D., Director, Environmental Health)
**Update*

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 6, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
MAY 16 2003
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Michael Penn, Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 15, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the minutes of the April 15, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Lee Ann Monfredini chaired, and Commissioner Umekubo attended, the Budget Committee meeting. Commissioner Penn was absent.

(3.1) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Ark of Refuge Inc., in the amount of $176,585, to provide an HIV Prevention Mentorship Program, for the period of January 1, 2003 through December 31, 2003.

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive multi-year contract renewal with Asian and Pacific Islander Wellness Center, in the amount of $412,697 per year for a total of $825,394, to provide HIV prevention services, for the period of January 1, 2003 through December 31, 2004.

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $78,392, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive multi-year contract renewal with UCSF AIDS Health Project, in the amount of $357,770, to provide Prevention Provider Training and Prevention for HIV Positives Persons Training services to HIV service providers, for the period of January 1, 2003 through December 31, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive multi-year contract renewal with UCSF AIDS Health Project, in the amount of $474,515 per year, for a contract total of $949,030, to provide HIV counseling and testing, and REACH program services targeting defined behavioral risk populations, for the period of January 1, 2003 through December 31, 2004.

Commissioners' Comment

- The Commission requested a follow-up report to the Population Health and Prevention Joint Conference Committee, specifically regarding program outcomes.

Commissioner Sanchez abstained from voting on this item.

(3.6) **PHP-AIDS Office** – Request for approval of a resolution approving an extension of the terms of the calendar year 2002-2003 contracts for the following twenty-two organizations: Aguilas, Inc., Asian Pacific Islander Wellness Center, Black Coalition on AIDS, Centerforce, Continuum HIV Day Services, Haight Ashbury Free Services, Inc., Harm Reduction Coalition, Institute for Community Health Outreach, Instituto Familiar de la Raza, Iris Center, Larkin Street Youth Center, Lavender Youth and Recreation Center, Mission Neighborhood Health Center, Positive Resource Center, Public Health Foundation, Regents of the University of California, San Francisco AIDS Foundation, Shanti Project, South of Market Health Center, Stop AIDS Project, Tenderloin AIDS Resource Center, Westside Community Mental Health Center.

(3.7) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Baker Places, Inc., in the amount of $3,401,223 per year for a contract total of $6,802,446, to provide residential detoxification substance abuse treatment services, for the period of July 1, 2003 through June 30, 2005.

(3.8) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Positive Directions Equals Change, in the amount of $294,112 per year for a total contract amount of $1,176,448, to provide outpatient substance abuse treatment services targeting African American residents of the Bayview District, for the period of July 1, 2003 through June 30, 2007.

This contract was amended to become a two-year contract, rather than a four-year contract. The term of the contract is July 1, 2003 through June 30, 2005.

(3.9) **CBHS-Substance Abuse/Mental Health** – Request for approval of a contract renewal with SAGE Project, Inc., in the amount of $537,692 per year for a total contract amount of $2,390,860, to provide substance abuse and mental health services targeting women, men, transgender individuals and youth, for the period of July 1, 2003 through June 30, 2007.

This contract was amended to become a two-year contract, rather than a four-year contract. The term of the contract is July 1, 2003 through June 30, 2005.

(3.10) **CBHS-Substance Abuse/Mental Health** – Request for approval of a contract renewal with St. Vincent de Paul Society of San Francisco, in the amount of $1,817,852, to provide substance abuse treatment and substance abuse/mental health shelter services targeting homeless adults, for the period of July 1, 2003 through June 30, 2004.

(3.11) **CBHS-Mental Health** – Request for approval of a contract renewal with Community Vocational Enterprises, Inc., in the amount of $1,342,507 per year for a total contract amount of $5,370,028, to provide vocational support services and employment targeting mentally ill customers, for the period of July 1, 2003 through June 30, 2007.

(3.12) **CBHS-Mental Health** – Request for approval of a contract renewal with Swords to Plowshares, in the amount of $475,572 per year for a total contract amount of $1,902,288, to provide mental health services targeting homeless, disabled and disenfranchised veterans, for the period of July 1, 2003 through June 30, 2007.

(3.13) **CBHS-Mental Health** – Request for approval of a contract renewal with Volunteer Center of San Francisco, in the amount of $226,335 per year for a total contract amount of $905,340, to provide outreach services targeting San Francisco mental health clients, for the period of July 1, 2003 through June 30, 2007.

(3.14) **CBHS-Mental Health** – Request for approval of a contract renewal with Calvin Y. Louie, CPA, in the amount of $5,693,828, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2003 through June 30, 2004.

(3.15) **CBHS-Mental Health** – Request for approval of a contract renewal with Catholic Charities of San Francisco, in the amount of $160,720 per year, for a total contract amount of $642,880, to provide supportive housing/mental health services to homeless residents of San Francisco targeting persons with disabling HIV/AIDS, for the period of July 1, 2003 through June 30, 2007.

(3.16) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with St. Luke's Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 in City funds targeting uninsured adults, and (2) $4,000,000 in Medi-Cal funds for four hospital providers targeting Medi-Cal adult beneficiaries, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Monfredini asked staff to convey to St. Luke's/Sutter the importance of having a representative at the Budget Committee when they have a contract before the committee.

(3.17) **CBHS-Mental Health** – Request for approval of a new contract with Mills-Peninsula Hospitals, in the amount of $105,000, to provide acute care, administrative day services and crisis

intervention services for adolescents not covered by Medi-Cal, for the period of May 1, 2003 through June 30, 2004.

(3.18) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with Lincoln Child Center, in the amount of $68,000, to provide residential mental health services to high-risk children and youth, for the period of July 1, 2002 through June 30, 2003.

(3.19) **CBHS** – Request for approval of a resolution approving an extension of the terms of the following FY 2003-04 contracts:

Addiction Recovery and Treatment (dba Bay Area Addiction and Treatment)
Alameda County
Alta Bates Hospital
Asian American Recovery Services
Baker Places, Inc.
Bayview Hunters Point Foundation for Community Improvement
Big Brothers/Big Sisters of San Francisco
Caduceus Outreach Services
California Medivan (dba MV Transportation)
California Mental Health Directors Association
Catholic Charities
Catholic Healthcare West/MSC Psychiatric Services
Catholic Healthcare West/St. Francis Hospital
Catholic Healthcare West/St. Mary's Hospital
Catholic Youth Organization – St. Vincent's School for Boys
Center on Juvenile and Criminal Justice
Children's Council Network of San Francisco
Community Vocational Enterprises/Industrial Maintenance Engineers
Conard House
Continuum HIV Day Services
Crestwood Behavioral Health
Edgewood Children Services
Episcopal Community Services
Family Service Agency of San Francisco
Families First
Goodwill
Haight Ashbury Free Clinics, Inc.
High Gear Achievers, Inc.
Homeless Children's Network
Horizons Unlimited
Instituto Familiar de la Raza
Iris Center
JLC Services
Japanese Community Youth Center
Jelani House
Jewish Family and Children's Services
Mt. Diablo Medical Pavilion
Larkin Street Youth Services
Latino Commission
Lifemark Corporation

Lyon Martin Primary Health Care
Meadowland Janitorial
Mental Health Management (dba Canyon Manor)
Mission Council on Alcohol Abuse for the Spanish-Speaking
Mission Neighborhood Health Center
Mt. St. Joseph-St. Elizabeth
New College of California
New Leaf...Services for Our Community
North of Market Senior Services
Oakes Children's Center
Ohlhoff Recovery Services
Polaris Research & Development, Inc.
Potrero Hill Neighborhood House
Progress Foundation
Regents of the University of California
Richmond Area Multi-Services
RISE Institute
San Francisco Drug Abuse Advisory Board
San Francisco League of Urban Gardeners
San Francisco Mental Health and Education Funds, Inc.
San Francisco Pre-trial Diversion Project
San Francisco Psychoanalytic Institute and Society
San Francisco State University
San Francisco Study Center
San Francisco Suicide Prevention
Seneca Center
South of Market Health Center
Special Service for Groups (SSG)
St. Mary's Prescription Pharmacy
Support for Families of Children with Disabilities
Victor Treatment Centers
Walden House
West Bay Filipino Multi-Services Center
Westside Community Mental Health Center, Inc.
YMCA
Youth Leadership Institute

(3.20) **CHPP-Promotion Section** – Request for approval of a contract renewal with Polaris Research and Development, Inc., in the amount of $150,000, to provide comprehensive services for the Tobacco Free Project, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- The Budget Committee requested a follow-up report to the Population Health and Prevention Joint Conference Committee, specifically regarding the findings from Polaris's evaluation of tobacco control programs.

(3.21) **PHP-STD Prevention and Control** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $90,000, to provide a syphilis awareness social marketing campaign, for the period of January 1, 2003 through December 31, 2003.

(3.22) **PHP-Children's Environmental Health Promotion** – Request for approval of a retroactive sole source multi-year contract renewal with San Francisco State University, in the amount of $149,259 for year-one and $110,633 for year-two, for a contract total of $259,892, to provide Childhood Asthma Initiative services targeting children ages 0-5, for the period of July 1, 2002 through June 30, 2004.

Commissioner Guy abstained from voting on this item.

(3.23) **CHN-Office of Managed Care** – Request for approval of a contract renewal with San Francisco Health Plan, in the amount of $4,877,185, to provide universal health insurance services targeting San Francisco children, for the period of July 1, 2003 through June 30, 2004.

Commissioner Chow and Commissioner Umekubo abstained from voting on this item.

(3.24) **DPH-Central Administration** – Request for approval of DPH annual patient rates effective July 2003.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the Budget Committee consent calendar, including Resolution # 9-03, "Approving and Extension of the Terms of Fiscal Year 2002-2003 AIDS Office Contracts for the Department of Public Health, (Attachment A); and Resolution #10-03, "Approving an Extension of the Terms of Fiscal Year 2003-04 Behavioral Health Contracts for the Department of Public Health," (Attachment B).

Commissioner Sanchez abstained from voting on Items 3.4 and 3.5. Commissioner Chow abstained from voting on Item 3.23. Commissioner Guy abstained from voting on Item 3.22. Commissioner Umekubo abstained from voting on Item 3.23.

The contract periods were changed for Item 3.8, Positive Directions Equals Change, and 3.9, SAGE Project, Inc. The contract period for both is July 1, 2003 through June 30, 2005.

The Commission asked for the following reports to Joint Conference Committees: Items 3.5, 3.20 and 3.22.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Budget Update

Last week the Mayor's Budget Office implemented another $10 million reduction in the Health Department's General Fund in order to help balance the City's budget. Of the $10 million, $5 million is detailed on the attached spreadsheet, (Attachment C). The spreadsheet shows that to reach $5 million, DPH had to make additional cuts to the mental health day treatment program, substance abuse outpatient treatment program, as well as a number of other valuable programs. DPH has been able to protect from cuts the residential mental health and residential substance abuse programs, the housing program, the Health and Environmental Resource Center (HERC), the Problem Gambling Initiative, the OMI Clinic and Primary Care.

The Mayor's Office has also input a $5 million reduction to jail health services. The cuts will result in decreased services to inmates through decreased staffing. Also attached is a $22 million list of additional cuts that will occur if Union negotiations do not result in a 7.5 % give back of retirement contributions, (Attachment D). This arrangement has already been accepted by two Unions that represent Department workers – Local 21 and MEA. Negotiations are in progress with SEIU 250 and 790, as well as UAPD and the union that represents the interns and residents at SFGH.

Governor Signs Mid-Year Budget Cuts

Yesterday, Governor Gray Davis signed a mid-year budget cut package that will save the State $3.7 billion – a first step towards erasing California's $34.6 billion deficit. The agreement makes reductions of approximately $330 million in health programs, including implementation of semi-annual Medi-Cal status reporting for a savings of $42.5 million and reduction in the utilization of Medi-Cal dental services for a savings of $50 million. The majority of the reductions in health programs come from a $194 million decrease in Medi-Cal administration.

Next week, the Governor will release his May Revision to the 2003-04 State Budget proposal, which will have to bridge the remainder of the budget gap. Clearly, the May Revision will need to contain significant programmatic reductions in order to create a balanced budget. DPH will continue to closely monitor the health provisions of the budget proposal and will present a comprehensive report to the Health Commission at the June 3rd meeting.

Anthony Wagner Retiring

After a period of 15 years serving the Department, Anthony Wagner, Executive Administrator of Hospital Systems, will be retiring on June 30th. Tony has successfully led the Department's efforts to rebuild both San Francisco General Hospital and Laguna Honda Hospital and, as such, has played an integral role in shaping the future of the City's public hospitals. In addition, Tony has for many years represented the Department on a number of community and professional organizational boards. DPH is deeply grateful to Tony for his commitment to public health, his dedication to public service, and the lasting legacy of leadership within the Department. The Health Commission joins me in wishing Tony well in his retirement and future endeavors.

Health Emergency Practice Exercise June 17, 2003

Current world events have heightened sensitivities about how crucial it is for DPH to be prepared for a sudden disaster. On Tuesday, June 17th, the Department will conduct a practice exercise to test its ability to quickly respond to a large-scale health emergency. For this exercise the Department will need the help of 250 DPH staff volunteers and 2,000 community volunteers. Staff volunteers representing a wide variety of the Department's job classifications are needed to perform such tasks as helping triage volunteer patients, translation, conducting medical evaluations and screening, filling out paperwork, serving as "pretend" vaccinators, and generally assisting with logistical issues. In addition to DPH staff volunteers, 2,000 community volunteers are needed to act as patients who are representative of the diverse population of the City —families, the elderly, children, people with disabilities, and non-English speakers. With supervisor approval, staff volunteers will be needed all day from 8:00 am to 5:00 pm. Community volunteers will need to participate for 2-hour shifts between 10:00 am to 3:00 pm. For more information or to volunteer, contact Judith Klain at 206-2303 or on DPH email.

SFDPH Nursing Philosophy And Nurse Week Celebration Events

In 2002 the Department's Nursing Leadership Council (NLC) was challenged to develop a philosophy of nursing which embraces all the qualities necessary to caring for clients who have

complex health care needs. Following are the results of their efforts. The Nursing Philosophy (Attachment E) will be rolled out to DPH nurses this week, in conjunction with the Nurse Week Celebration Events scheduled throughout the Department. This year's Nurse Week Celebration Events are as follows:

Wednesday, May 7th, 11 a.m. – 2 p.m., Laguna Honda Hospital, A300
Speaker: Ed O'Neil, MPH, PhD
Topic: Leadership
For DPH Nurse Leaders

Thursday, May 8th, 4 p.m. – 6 p.m., 101 Grove Street, Room 300
Speaker: Jo Anne Powell, RN, MS
Topic: History of Nursing in San Francisco
For ALL DPH Nurses

Friday, May 9th, 12 p.m. – 1 p.m., San Francisco General Hospital, Carr Auditorium
Presentation of O'Connell Society Award by Gene O'Connell
Speaker: Mary Foley, RN, MS
Topic: The Future of Nursing
For ALL DPH Nurses

Update on Hepatitis Prevention

During the 6-month period between May and November 2002, StopHep sponsored a pilot project at Gold's Gym in the Castro District offering low-cost hepatitis vaccination. During that time 552 shots were administered to 347 clients – one every 17 minutes during the 6 hours a week the clinic was open. DPH is pleased to report that efforts appear to have contributed to a measurable improvement in the rates of hepatitis vaccination among men who have sex with men (MSM). Data from the City's Anonymous and Confidential HIV testing sites indicate that 31% of MSM being tested in 2002 had been immunized for hepatitis A, compared to 15% in 2001. Immunization rates for hepatitis B was reported at 36% in 2002, compared to 19% in 2001.

Hearing on Crystal Methamphetamine and HIV

The Board of Supervisors' City Services Committee will hold a special public hearing tomorrow night, May 7th, from 6pm to 8pm to look at the impact of crystal methamphetamine (speed) use and abuse in the gay community. There will be a special focus on HIV/STD infections with speed use. The HIV Prevention section organized the presentation for the committee. Behavioral Health, the STD Branch and DPH-funded community-based providers will provide testimony.

Homeless Perinatal Conference

The Seventh Annual San Francisco Bay Area Regional Homeless Perinatal Conference - Survivors: Homeless Children and Their Families is scheduled for Friday, May 9th, at the Elihu Harris State Building Auditorium at 1515 Clay Street in Oakland. This conference, hosted by Oakland Assembly-woman Wilma Chan, is sponsored by the Maternal, Child and Adolescent Health Services divisions of the Health Departments of Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara Counties and the City of Berkeley. For more information contact Antoinette Walton at (415) 575-5676.

Focus on Diabetes Conference

An important conference on diabetes is scheduled for May 21st at the Koret Auditorium in the San Francisco Public Library. Focus on Diabetes is a free all day event focusing on improving and

standardizing the care of persons with diabetes within the CHN and Community Consortium Clinics. For more information contact Pam Speich at 206-3539.

Mozettia Henley Moves to Laguna Honda

As of yesterday, Mozettia Henley, DNS, MSN, Program Director for the Mental Health Rehabilitation Facility (MHRF), will be assuming her new role as Nursing Supervisor at Laguna Honda Hospital. Mozettia's commitment to rehabilitating mental health patients and fostering a model of care where the patient actively participates in goal setting with staff have made the MHRF a well-respected rehabilitation program and long-term care facility in the Bay Area. DPH sincerely thanks and appreciates Mozettia's many years of service to the MHRF, San Francisco General Hospital, and to the care and rehabilitation of San Francisco's neediest mental health patients.

Top 100 Influential Women in the Bay Area

Gene Marie O'Connell has been named by the San Francisco Business Journal as one of the top 100 Influential Women in the Bay Area. She is joined in this prestigious recognition by former Health Director Sandra Hernandez, MD. The Health Commission joins me in congratulating Ms. O'Connell on receiving this award. Because it is also Nurse Week, it should be noted that Gene began her career as a staff nurse in gynecology and urology, before moving on to nurse educator, director of emergency nursing, director of nursing and then Chief Operating Officer, prior to becoming the CEO of SFGH.

Remembering Two Outstanding Public Health Leaders

It is with sadness that DPH reports the death of two dynamic and inspirational members of the Maternal and Child Health (MCH) section.

Dr. Patricia E. Evans, Maternal and Child Health Medical Director, died unexpectedly on April 19th. Dr. Evans made immeasurable contributions to the MCH Section. She relentlessly promoted health care issues, the MCH programs and the population they serve. Dr. Evans served on numerous local and national community advisory, educational and professional boards. She leaves MCH with her inspirational character challenging everyone to uphold her high standards of excellence in all the work DPH does.

Dr. Henry "Hank" Richanbach, retired Medical Director for the Children's Medical Services Program died on April 14th. Dr. Richanbach served as Medical Director from 1988 until his retirement in 1998. As a developmental pediatrician, he was an early authority on attention deficit disorder in children, studied childhood disabilities, and helped formulate state legislation to provide resources to disabled children.

Public Comment

- Francine, participant in the Lee Woodward Counseling Center, said the program has helped her turn her life around.

- Anonymous woman spoke in support of the Lee Woodward Counseling Center. Programs for women and children do not exist anymore. This is a women's place.

- Bonnie Curry spoke on behalf of Lee Woodward Counseling Center. She has collected a number of petitions in support of the program. She asked the Health Commission and City Hall to do what it takes to keep the program open.

- Dr. Lucia Sommers spoke on behalf of the Central City Hospitality House, and about the public health impacts of the closure of the Tenderloin Self Help Center. With the closure, 200-300 people a day would be on the streets, in the emergency room.

- Tylene Cooker spoke on behalf of Lee Woodward Counseling Center. Please keep the program open.

- Angeline Walter asked the Commission to keep the doors at Lee Woodward Counseling Center open.

- Esther Chavez, director of the Tenderloin Self Help Center, spoke against the budget cuts to the Self Help Center, and described the impacts on the clients.

- Luther Richert, Central City Hospitality House, said the program is one of the few in San Francisco that understands that solutions to homelessness are complex and multi-layered. Do not give up on this program.

- Elana Galante, Central City Hospitality House, described the experiences of some of the Central City Hospitality House clients. Many lives will be lost if the program is closed.

- Myra Wallace spoke in support of Central City Hospitality House.

- Thomas Berberich, volunteer at Central City Hospitality House Tenderloin Self Help Center. The program's doors need to be kept open. There are so many good services.

- Mark Anthony, client of Central City Hospitality House, spoke in support of the program. Harm reduction, job placement, computer skills and other programs are critical.

- Frances Terry said that everybody who needs help should get it. Central City Hospitality House has helped numerous people.

Commissioners' Comments

- Commissioner Parker commented on the timeliness of the Health Emergency Practice Exercise and asked if it focused on a particular type of disaster or disasters in general. Ms. Kronenberg said it is focused on smallpox.

- Commissioner Guy encouraged the Commissioners to forward concerns and questions about the budget to staff prior to the June 3rd meeting, to the extent possible.

5) HEALTH AT HOME UPDATE

Kathy Eng, Director, Health at Home, presented the annual Health at Home Update. Health at Home's mission is to provide compassionate and culturally-sensitive care, promote safe and independent living in the home environment and avoid institutional care. This is their eighth year of service and they served more than 800 clients in FY 2002-03.

There are two components to Health at Home services. The first is licensed home health service, which includes acute, skilled and intermittent care. Reimbursement for these services are from Medicare, MediCal, private insurance and general fund. The second component is continuing care,

which is additional, time-limited care to prevent deterioration and admission into higher level of care of people discharged from Health at Home.

The General Fund provides 65 percent of Health at Home's funding, and third party payers, including Medicare, Medi-Cal, Ryan White Care funds and private payers provide 35 percent of the funding.

Ms. Eng provided an overview of funding, a profile of the clients served and a profile of Health at Home staff. She also discussed the top ten primary diagnoses. 90 percent of clients have one of these diagnoses. Health at Home is seeing increased referrals for complex wound care, IV therapy and substance abuse and psychiatric co-morbidities.

Ms. Eng gave an overview of the FY 01-02 CARE Contracts. The goal is to provide comprehensive home health care services to persons living with AIDS/HIV, fostering the ability to live independently at home and avoid institutionalization. CARE funding is $465,652. The cost of providing these services is $1.3 million.

Health at Home provides palliative care to 451 acute and continuing care clients. Pediatric Services planning has been underway, with referrals from CCS and the SFGH Medi-Cal population. Health at Home has served four pediatric patients in the last nine months. Ms. Eng discussed efforts to be cost-efficient and maximize resources and develop community partnerships, in accordance with Strategic Plan goals three and four.

Challenges

- CHN provider and patient needs may conflict with home care standards
  - CMS extends Olmstead Act to Home Health
  - Acutely ill patients may not be safe at home and may need higher level of care
  - Delays in discharge extend Home Health length of stay.

- Staff recruitment and retention hinder services
  - Shortage of therapists and lack of competitive salaries
  - RN shortage

- Infrastructure Needs
  - Expanding home care technology and IS
  - Space needs
  -
- Managing a diminishing 03-04 budget
  - Budget reduction: $432,000 and 9.1 FTE
  - Decreased HHA capacity
  - Affects 8 clients

Commissioners' Comments

- Commissioner Parker said the data points to a trend of younger people being served, but it does not seem like the Department has a grasp on the reasons why this trend has emerged. What are the root causes and how can they be addressed. This is not limited to Health at Home, but throughout the Department. Ms. Eng said they could extract the patients who are served by the CARE contracts to see if this changes the average age of people who are served.

- Commissioner Umekubo asked if Health at Home is still experiencing problems with physicians signing all necessary paperwork. Ms. Eng said that this is no longer a problem. Commissioner Umekubo asked if they collect patient satisfaction data, and how patients rate pain management. Ms. Eng said that pain management is covered in case conferences, but that question is not asked on the patient satisfaction survey. He asked if the Novius system is combined with Lifetime Clinical Record. Ms. Eng, it is a separate system but they do access the other medical records when patients come to the program. He asked if the number of bilingual staff meets their needs. Ms. Eng, not completely, so have contracts with agencies that provide interpreter services.

- Commissioner Chow asked if pain management should be rated, whether or not it is mandated. Pam Bohmann said there are two pain assessment questions on the OASIS assessment, and HAH has done well on pain management. However, it is not a question on the satisfaction survey. Commissioner Chow commented that, with regard to adverse outcome data, the level of unexpected death is higher than the norm. Ms. Bohmann said there are two main factors: at time of admission, diagnostic workup was not complete enough to make the assessment that the person would die in the next six months, even though it is clear the patient is declining. Then there are cases when the death is truly unexpected. Commissioner Chow asked that the quality indicators be continually monitored by the Community Health Network Joint Conference Committee in a six-month period.

- Commissioner Guy asked if the violent incidents against staff have increased. Ms. Eng said that there have been less incidence reports, which may be due to staff communicating potential situations to other staff members. Commissioner Guy asked if staff would really be able to bring laptops and other technology to home visits. Ms. Eng said staff might decide not to bring the laptop into the home, but rather do paperwork in their automobiles, office or other convenient location. Commissioner Guy would like the CHN JCC, in the next six months, to have a more detailed discussion about Health at Home's dependence on the general fund. The Health Commission supports this program as part of the continuum of care but, with budget constraints, the use of the general fund will be challenged. DPH needs to look at the areas where the cost of services exceed the reimbursement source, and make sure that the general fund is patching the most crucial areas.

- Commissioner Sanchez would like the agency to re-examine the role of technology in home care services. There is a lot of opportunity to integrate and improve treatment with technology and DPH needs to be attuned to what is best for the patients. Ms. Eng is a member of the IS Steering Committee, which meets monthly. The six-month report will include an update on the technology issue.

6) ASTHMA TASK FORCE UPDATE

Rajiv Bhatia, M.D., Director, Environmental Health, introduced the Asthma Task Force co-chairs, Deanna Rossi and Dee Epps-Miller, who presented the report and recommendations. The mission of the San Francisco Asthma Task Force is to prevent asthma and to improve the quality of life for people with asthma, especially the under-served, who live or work in the City and County of San Francisco, by the use of advocacy, legislative action and citywide strategies. The Task Force was established in May 2001 by the Mayor and Board of Supervisors in response to growing community concern about asthma. There are 20 voting and 10 non-voting members. The Task Force is charged with the responsibility to develop a citywide strategic plan to manage and prevent asthma, and to facilitate and monitor the implementation of the strategic plan.

The Task Force created four subcommittees: Environmental Committee, Schools and Child Care Committee, Clinical Care Committee and Community Committee. It held 14 focus groups and 42 stakeholder interviews. The strategic plan has 36 recommendations. In general, the recommendations for each of the subcommittees address the following:

Clinical Care Committee

- Proposes institutional standards or care and comprehensive access to care
- Advocates for expanding professional and patient education
- Addresses lack of patient follow up and provider feedback with continuous quality improvement systems for clinics, hospitals, doctors and the city as a whole

Environmental Committee

- Addresses indoor air quality issues through public housing inspections, development of healthy housing standards, advocacy, collaboratives and property owner incentives
- Addresses outdoor air quality issues through increased air monitoring and reduced emissions

Community Committee

- Surveillance/tracking implemented to measure school absenteeism due to asthma, execute school-based prevalence studies, track high risk patients, and implement immediate asthma death reporting
- Advocates for public awareness through a targeted public education campaign and an entity that can coordinate asthma activities for all of San Francisco

Schools and Child Care Committee

- Identifies children with asthma through computerized tracking and through asthma action plans
- Advocates for comprehensive asthma policies, staff training, emergency protocols and on-site clinical care
- Addresses indoor air quality and funding for environmental and health programs

Next Steps

- Present strategic plan to Board of Supervisors
- Implementation/Action Plans

Public Comment

- Neil Gendel, Healthy Children Organizing Project, spoke in support of the tremendous work of the Asthma Task Force. His organization focuses on children ages 0-5, and asthma really affects children in this age group. The goal is to make private homes, public housing and school facilities trigger-free. He hopes DPH will be able to expand its efforts in the future.

Commissioners' Comments

- Commissioner Monfredini asked what happens after the Board of Supervisors approves the Strategic Plan. Ms. Rossi said they are starting the prioritization process and hope to begin implementing some of the recommendations. With the help of Supervisor Maxwell, they would like to see a few of the recommendations established as policy within 12 months.

- Commissioner Parker is thankful that Supervisor Maxwell addressed the asthma problem legislatively. The Task Force should work very closely with Supervisor Maxwell to help the

Board draft appropriate policy and legislation. DPH has an opportunity in that this issue is now on City Hall's radar screen, and the Department has to take advantage of this opportunity. DPH needs to advocate for what it wants, even if the data is not perfect.

- Commissioner Umekubo said there have been tremendous advancements in asthma treatments. As with any chronic disease, the more educated the client, the better the outcome and it is very time intensive for the provider and patient. Education is critical to parents of children with asthma. There are many resources available, including pharmaceutical companies. Ms. Epps-Miller said both Blue Cross and the San Francisco Health Plan have extensive asthma information resources and devices. She is not sure of pharmaceutical companies' involvement. Vicki Legion, of the Yes We Can Partnership, said community health workers are very important in educating parents and children, in their homes and in their own languages, about asthma management. Nationally, only 20 percent of community clinics have the needed prevention supplies.

- Commissioner Guy asked that the data be submitted to the Health Commissioners so that the Commission can make appropriate and educated recommendations.

- Commissioner Chow said that almost all HMOs have an asthma management program and/or guidelines. But these are not uniform, and are often not publicized outside of the organization. There is a great opportunity to bring these efforts together under a broad coalition. Commissioner Chow was surprised by the level of asthma in the Asian community. This population should be included in the citywide initiative. Jennifer Mann said San Francisco's Asian hospitalization rates are higher than in the rest of the state. This community has to be carefully targeted. In San Francisco, African Americans have the highest rates of hospitalization. Commissioner Chow suggested bringing a resolution to the Health Commission endorsing the recommendations. Ms. Kronenberg asked the Task Force to consider drafting a resolution for the Health Commission's consideration at a future meeting.

- Commissioner Sanchez said it is very difficult to get data from various communities about a disease that is so multifaceted. He commended the Task Force and the Department for the work they have been able to do. There are foundations that are interested in funding environmental justice efforts and these opportunities should be pursued.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (5)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-03

APPROVING AN EXTENSION OF THE TERMS OF FISCAL YEAR 2002-2003 AIDS OFFICE CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the contractors listed on "Attachment A" currently provide prevention and health services to the residents of San Francisco through AIDS Office contracts with the Department of Public Health; and,

WHEREAS, the renewal of these contracts will not be completed through the regular contract processes prior to their expiration date, which is June 30, 2003, thereby causing financial hardship to the contractors listed; and,

WHEREAS, it is the intention of the Health Commission that these contractors continue to be paid at the 2002-2003 contract rate(s) as reflected in the final version of the 2002-2003 contracts with these contractors; and,

WHEREAS, monthly payment to the contractors listed in "Attachment A", until such time as the availability of funds for these 2003-2004 contracts is certified by the Controller, will greatly reduce the financial hardship on these contractors; and,

WHEREAS, the Health Commission believes that a smooth transition from one contract year to another is important to minimize any disruption in services to San Francisco residents; and,

WHEREAS, the Board of Supervisors has previously approved the acceptance and expenditure of City and County of San Francisco General Funds and State of California Funds on a continuing basis; and,

WHEREAS, the Commission desires the services funded by these funds and grant to continue without disruption; now, therefore, be it

RESOLVED, that the Health Commission hereby approves the extension of the terms of each AIDS Office contract with those contractors shown in "Attachment A" on a month-to-month basis at the 2002-2003 contract rate(s) as reflected in the most recent version of their 2002-2003 contracts, and until such time as the availability of funds for 2003-2004 contracts ("renewals") is certified by the Controller, or through October 31, 2003, whichever comes first. After certification of the 2003-2004 "renewal" contracts, the contractor will provide an adjustment invoice to reconcile any differences between 2002-2003 rates and the final 2003-2004 negotiated contracts/rate(s).

I hereby certify that the San Francisco Health Commission at its meeting of May 6, 2003 adopted the foregoing resolution.

Michele Olson
Executive Secretary to
the Health Commission

Attachment

Attachment A

Resolution #9-03

"2003-2004 AIDS Office Continuing Resolution"

Aguilas, Inc.

Asian Pacific Islander Wellness Center

Black Coalition on AIDS

Centerforce

Continuum HIV Day Services

Haight Ashbury Free Clinics, Inc.

Harm Reduction Coalition

Institute for Community Health Outreach

Instituto Familiar de la Raza

Iris Center

Larkin Street Youth Center

Lavender Youth and Recreation Center

Mission Neighborhood Health Center

Positive Resource Center

Public Health Foundation

Regents of the University of California

San Francisco AIDS Foundation

Shanti Project

South of Market Health Center

Stop AIDS Project

Tenderloin AIDS Resource Center

Westside Community Mental Health Center

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-03

APPROVING AN EXTENSION OF THE TERMS OF FISCAL YEAR 2003/04 BEHAVIORAL HEALTH CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the contractors listed on "Attachment A" currently provide health services to the residents of San Francisco through Behavioral Health contracts with the Department of Public Health; and,

WHEREAS, the renewal of these contracts will not be completed through the regular contract processes prior to any of their expiration dates, which are June 30, 2003 or earlier, thereby causing financial hardship to the contractors listed; and,

WHEREAS, it is the intention of the Health Commission that these contractors continue to be paid as much as possible at the 2002/03 contract rate(s) as reflected in the final version of their 2002/03 contracts, except when such payments would conflict with the Department's 2003/04 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2003/04 budget, taking into account the need to expeditiously process contracts and contract payments; and,

WHEREAS, monthly payment to the contractors listed in "Attachment A," until such time as the availability of funds for these 2003/04 contracts is certified by the Controller, will greatly reduce the financial hardship on these contractors; and,

WHEREAS, the Health Commission believes that a smooth transition from one contract year to another is important to minimize any disruption in services to San Francisco residents; now, therefore, be it,

RESOLVED, that the Health Commission hereby approves the continuation of Behavioral Health contracts with those contractors shown in "Attachment A" at the 2002/03 contract rate(s) as reflected in the most recent version of their 2002/03 contracts, except when such payments would conflict with the Department's 2003/04 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2003/04 budget, taking into account the need to process contracts and contract payments expeditiously, and until such time as the availability of funds for 2003/04 contracts ("renewals") is certified by the Controller, or through December 31, 2003, whichever comes first. After certification of the 2003/04 "renewal" contracts, the contractor will provide an adjustment invoice to reconcile any differences between 2002/03 rates and the final 2003/04 negotiated contracts/rate(s); and, be it

FURTHER RESOLVED, that the Health Commission hereby approves provision in each of the Behavioral Health contracts shown in "Attachment A" to allow an initial payment to be paid to all those contractors designated by the Department. Such payment shall not

exceed twenty-five percent (25%) of the contract's maximum compensation amount of General Fund monies and Substance Abuse and Crime Prevention Act (Proposition 36) monies, as applicable; and, be it

FURTHER RESOLVED, that in order to ensure the smooth continuation of funding for services, for those contracts which are listed in "Attachment A", which include grant and/or work order funding that continues into 2003/04, adjustments may be made as needed to the funding periods reflected in these contracts, in compliance with related grant agreements with grantors and/or the State.

I hereby certify that the San Francisco Health Commission at its meeting of May 6, 2003 adopted the foregoing resolution.

Michele Olson
Executive Secretary to
the Health Commission

Attachment

Attachment A

Resolution #10-03

"2003/04 Behavioral Health Continuing Resolution"

Addiction Recovery and Treatment (dba Bay Area Addiction and Treatment)
Alameda County
Alta Bates Hospital
Asian American Recovery Services
Baker Places, Inc.
Bayview Hunters Point Foundation for Community Improvement
Big Brothers/Big Sisters of San Francisco
Caduceus Outreach Services
California Medivan (dba MV Transportation)
California Mental Health Directors Association
Catholic Charities
Catholic Healthcare West/MSC Psychiatric Services
Catholic Healthcare West/St. Francis Hospital
Catholic Healthcare West/St. Mary's Hospital
Catholic Youth Organization – St. Vincent's School for Boys
Center on Juvenile and Criminal Justice
Children's Council Network of San Francisco
Community Vocational Enterprises/Industrial Maintenance Engineers
Conard House
Continuum HIV Day Services
Crestwood Behavioral Health
Edgewood Children Services
Episcopal Community Services
Family Service Agency of San Francisco
Families First
Goodwill
Haight Ashbury Free Clinics, Inc.
High Gear Achievers, Inc.
Homeless Children's Network
Horizons Unlimited
Instituto Familiar de la Raza
Iris Center
JLC Services
Japanese Community Youth Center
Jelani House
Jewish Family and Children's Services
Mt. Diablo Medical Pavilion
Larkin Street Youth Services
Latino Commission
Lifemark Corporation

"2003/04 Behavioral Health Continuing Resolution" (Cont'd.)

Lyon Martin Primary Health Care
Meadowland Janitorial
Mental Health Management (dba Canyon Manor)
Mission Council on Alcohol Abuse for the Spanish-Speaking
Mission Neighborhood Health Center
Mt. St. Joseph-St. Elizabeth
New College of California
New Leaf...Services for Our Community
North of Market Senior Services
Oakes Children's Center
Ohlhoff Recovery Services
Polaris Research and Development, Inc.
Potrero Hill Neighborhood House
Progress Foundation
Regents of the University of California
Richmond Area Multi-Services
RISE Institute
San Francisco Drug Abuse Advisory Board
San Francisco League of Urban Gardeners
San Francisco Mental Health and Education Funds, Inc.
San Francisco Pre-trial Diversion Project
San Francisco Psychoanalytic Institute and Society
San Francisco State University
San Francisco Study Center
San Francisco Suicide Prevention
Seneca Center
South of Market Health Center
Special Service for Groups (SSG
St. Mary's Prescription Pharmacy
Support for Families of Children with Disabilities
Victor Treatment Centers
Walden House
West Bay Filipino Multi-Services Center
Westside Community Mental Health Center, Inc.
YMCA
Youth Leadership Institute

Department of Public Health
FY 03-04 General Fund Contingency Phase II
$5 Million

Item No.	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Running Total
	Administration						
	Additional FY03 Surplus		(400,000)		(400,000)	Additional FY03 Surplus Total now = $12.7 Million ($8.7 + $4 Million)	(400,000)
1	Elimination of selected Department Memberships		(50,000)		(50,000)	Elimination of selected memberships to professional and affiliation organizations.	(450,000)
2	Decrease in GF Travel Expense		(45,000)		(45,000)	30% decrease to GF travel expense	(495,000)
3	IS operating expense reductions		(211,065)		(211,065)	Reductions to operating accounts; this will reduce the departments ability to purchase and perform routine maintenance on hardware and software applications that could result in downtime for systems and applications.	(706,065)
4	Revenue			400,000	(400,000)	Children's Health Insurance FFP; pending final approval by Feds of State Plan amendment and extension of SCHIP dollars to June 2004.	(1,106,065)
5	Reverse increase for structural correction in base budget.		(565,700)		(565,700)	Reverse $565,000increase to Jail Health in base budget to correct structural budget problem. This will result in continued overexpenditures in Jail as baseline appropriation does not cover MOU mandated staffing requirements.	(1,671,765)
6	Shanti Lifelines Breast Cancer Case Management addback		(75,000)		(75,000)	FY 02-03 addback to Shanti for the Lifelines Breast Cancer Case Management Program.	(1,746,765)
6a	Outpatient Treatment- Asian American Recovery Services: Lee Woodward Counseling Center		(274,827)		(274,827)	Closure of this program for women will result in loss of 1,850 units of service to 50 unduplicated clients.	(2,021,592)
7	Outpatient Treatment- Haight Ashbury Free Clinics Inc: Glide African American Extended Family Outpatient		(367,177)		(367,177)	Elimination of this program will result in loss of 2,028 units of service to 678 unduplicated clients.	(2,388,769)
8	Case Management and Ancillary Services-Episcopal Community Services: Next Door		(73,786)		(73,786)	Elimination of this service providing referrals and wrap around services to shelter clients will result in loss of 2,700 units of service to 720 unduplicated clients.	(2,462,555)
9	Case Management and Ancillary Services-St Vincent de Paul: Multi-Service Center South		(84,989)		(84,989)	Elimination of this service providing referrals and wrap around services to shelter clients will result in loss of 2,951 units of service to 1,540 unduplicated clients.	(2,547,544)

Department of Public Health
FY 03-04 General Fund Contingency Phase II
$5 Million

Item No	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Running Total
10	Secondary Prevention- North of Market Senior Services: Drop-In Sobriety Center		(88,219)		(88,219)	Elimination of this service will result in loss of 12,474 drop-in visits by 200 unduplicated clients.	(2,635,763)
11	Secondary Prevention- North of Market Senior Services: Women's Outreach Program		(81,013)		(81,013)	Elimination of this service will result in loss of 3000 contacts with 75 unduplicated woman clients.	(2,716,776)
12	Intensive Outpatient Treatment- Potrero Hill Neighborhood House: ZAP Program		(244,711)		(244,711)	Closure of this program for youth and young adults will result in loss of 3,193 units of service to 106 unduplicated clients.	(2,961,487)
13	Outpatient Aftercare Treatment- Walden House: Sister Continuing Care		(53,876)		(53,876)	Elimination of this women's program will result in loss of 785 units of service to 38 unduplicated clients.	(3,015,363)
13A	Reallocation for Methadone		200,000		200,000	Increase funding for 73 methadone slots or 26,645 Units of Service.	(2,815,363)
14	Environmental Health Services DBI workorder 0r reduce SRO collaborative that is not backfilled by Mayor.		0	140,690	(140,690)	$140K in EHS expenses that could be billed to Department of Building Inspection. Or reduce SRO Collaborative that is not backfilled by Mayor.	(2,956,053)
15	Elimination of 1.0 FTE Physicians and 1.0 EKG technician	(2.00)	(246,029)		(246,029)	Elimination of 1.0 FTE physicians and 1.0 FTE EKG Technician for Laguna Honda Hospital. Patient care duties would be absorbed by remaining physicians and caregivers.	(3,202,082)
16	Decrease STD augmentation		(40,000)		(40,000)	Decrease $150K GF augmentation to STD in the base budget for increased incidence of syphylis.	(3,242,082)
17	Elimination of of AIDS Housing Subsidies		(50,000)		(50,000)	Reduction of Subsidies for persons with HIV. Savings would be realized by not backfilling subsidies as attrition frees up subsidy slots.	(3,292,082)
18	Bayview Hunter's Point -Clubhouse Day Treatment		(516,983)	(122,711)	(394,272)	Reduction of services at the Bayview Clubhouse Day Treatment will result in the loss of services to 46 unduplicated clients and the delivery of 6,157 fewer units of service.	(3,686,354)
19	Progress Foundation-Rypins/Carroll House Seniors Day Treatment.		(781,087)	(394,711)	(386,376)	Reduction of services at the Rypins/Carroll Senior Day Treatment will result in the loss of services to 58 unduplicated clients and the delivery of 4,645 fewer units of service. The corresponding two six-bed day treatment programs will be converted to supported housing programs.	(4,072,730)

Department of Public Health
FY 03-04 General Fund Contingency Phase II
$5 Million

Item No.	Description	FTE's	Expend Incr (Decr)	Revenues Incr (Decr)	General Fund	Comment	Running Total
20	Mental Health reallocations of Medi-Cal revenues to program contracts impacted by workorder and client fee eductions to programs.		384,000	384,000	0	CWCM- Offset MIO Grant/Workorder reduction Offset DHS Calworks reduction Conard House- Offset loss in Client Fees due to bed reduction	(4,072,730)
21	Chinatown Northbeach Mental Health Clinic -Day Treatment	(1.00)	(64,924)	0	(64,924)	The proposed reduction is to eliminate 1.0 FTE and convert remaining 3.8 FTE to intensive case management. This cut will result in loss of services to 16 unduplicated clients.	(4,137,654)
22	HIV Prevention		(862,346)		(862,346)	Reduction of contractual services as appropriate within all targeted behavioral risk populations. Reverse RFP.	(5,000,000)
	Total - Department Wide	(1.00)	(527,270)	(472,270)	(55,000)		

Department of Public Health
FY 03-04
General Fund Contingency Phase II $22 Million

Item No	Description	FTE's	Contract or Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
	Administration						
A4	Administrative Positions Contract Processing	(5.00)	Civil	(375,000)		(375,000)	Position deletions related to processing, monitoring, and paying for invoices for contracts that have been eliminated in the contingency plan. This item would only be available to the extent that the contract reductions in the contingency plan are implemented.
A5	Deletion of positions	(13.00)	Civil	(1,000,000)		(1,000,000)	To be determined: deletion of an additional 13.0 FTE vacant positions. Inability to fill positions that have been vacant will result in permanent increases in workload that were projected to be temporary.
	Subtotal Administration	(18.00)		(1,375,000)	0	(1,375,000)	
	Primary Care						
PC1	Consolidation of Primary Care Clinics	(128.83)	Civil	(11,760,666)	(3,312,656)	(8,448,010)	Reduce days of operation and total FTEs at eight (8) primary care clinics by approximately 50%. Remaining staff will comprise 4 teams that will alternate between the 8 clinics. There will be four (4) Public Health Nurses per Team. This will have effect of reducing visits by approximately 63,000 (from a total of 147,000) and revenues by approximately 50%.
	Subtotal Primary Care	(128.83)		(11,760,666)	(3,312,656)	(8,448,010)	
	Mental Health						
MH7	OMI Family Center	(12.00)	Civil	(1,164,885)	(290,909)	(873,976)	Elimination of OMI Family Center will result in a loss of services to 602 clients. There will be 12 FTE loss of civil services staff positions. The psychiatrists will relocated to Primary Care Centers where they will provide psychiatric assessment and medication management.
MH8	Reduction of Mental Health residential treatment		Contract	(1,000,000)		(1,000,000)	Reduction of Mental Health residential treatment service via a reverse RFP process. This will result in an annual loss of 29 beds and 10,100 UOS for residential mental health treatment services.
MH9	Reduction of Mental Health Outpatient		Civil and Contract	(500,000)		(500,000)	Reduction of $500,000 in Mental Health Outpatient clinic programs. UOS and slots TBD.

Department of Public Health
FY 03-04
General Fund Contingency Phase II $22 Million

Item No.	Description	FTE's	Contractor/ Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
MH10	Reallocations for IMD beds and intensive Case Management		Contract	475,000		475,000	Reallocation of funding to purchase 12 IMD beds and intensive case managers to mitigate the impact of the reductions.
	Subtotal - Mental Health	(12.00)		(2,189,885)	(291,909)	(1,897,976)	
	Substance Abuse						
SA9	Reduction of Substance Abuse Residential Treatment		Contract	(7,500,000)		(7,500,000)	Reduction of $7,500,000 in Residential Substance Abuse Treatment services via a reverse RFP process. This will result in an annual loss of 289 beds and 95,000 UOS for residential substance abuse treatment services.
	Subtotal - Substance Abuse	0.00		(7,500,000)	0	(7,500,000)	
	Community Health Promotion and Prevention						
PH1	Reduction of African American Health Initiative, (AACHI), Health Education Resource Center (HERC), NICOS anti-gambling	(1.00)	Contract & Civil	(527,290)		(527,290)	The service reductions will limit project priorities. Additionally 1.0 administrative positions will be reduced from prevention.

Department of Public Health
FY 03-04
General Fund Contingency Phase II $22 Million

Item No.	Description	FTE's	Contractor Civil Service	Expenditure Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
	AIDS Office						
AO1	HIV Prevention		Contract	(1,138,000)		(1,138,000)	Reduction of contractual services as appropriate within all targeted behavioral risk populations. Reverse RFP.
	Laguna Honda Hospital						
LH1	Elimination of 2.0 FTE Physicians	(2.00)	Civil	(314,586)		(314,586)	Elimination of 3.0 FTE physicians and 1.0 FTE EKG Technician for Laguna Honda Hospital. Patient care duties would be absorbed by remaining physicians and caregivers.
	Health at Home						
HH1	Further reduction of Health at Home services	(6.00)		(838,000)	(408,000)	(430,000)	Additional reductions to Health at Home services. This will make total reductions to Health at Home equal to $1million and 25% of the program. Patients utilizing Health at Home services will need not be discharged from SFGH and LHH hospitals and will require longer stays of unreimbursed days.
	Subtotal: Various	(8.00)		(2,290,586)	(408,000)	(1,882,586)	
	Total - Department Wide	(8.00)		(2,290,586)	(408,000)	(1,882,586)	

City and County of San Francisco

Department of Public Health
Nursing Leadership Council

Sharon McCole-Wicher, NLC Chair
Mivic Hirose, NLC Chair-Elect
Mary McCutcheon, Immediate Past Chair
Sue Currin, NLC Secretary and JCC Representative
Mildred Crear, NLC JCC Representative
Mary Louise Fleming, NLC JCC Representative

Nursing Philosophy

In concert with the mission, vision and values of the Department of Public Health (DPH), the professional nursing staff of DPH together with the medical staff and other members of the DPH community, provides **client-centered care** based on each individual's need. This approach embraces a continuum of services that encompasses every level of care in a diversified system throughout the lifespan, regardless of the client's health, status, race, gender, age, ethnicity, religion, socioeconomic or sexual preference.

Each nurse has the responsibility to deliver **high quality competent, effective, and collaborative care** based on established nursing standards. We recognize the responsibility, authority, and accountability of the professional nurse for the clinical management of nursing practice. Each member of our nursing staff possesses a value system incorporating the highest level of ethics, judgment, confidentiality, and respect for human rights, human dignity, and diversity.

The nurse, in all professional relationships, practices with **compassion and respect for the inherent dignity, worth, and uniqueness of every individual,** unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The nurse's primary **commitment is to the client,** whether an individual, family, group or community.

The nurse promotes, advocates for and strives to **protect the health, safety and rights of the client.**

The nurse **is responsible and accountable for individual nursing practice.**

The nurse participates in **establishing, maintaining and improving health care environments** and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

The nurse **collaborates with other health professionals and the public** in promoting community, national and international efforts to meet health needs.

Each nurse **creates a climate that supports and nurtures clinical expertise, education, shared governance, and research,** fostering the recruitment and retention of nursing staff who demonstrate the highest integrity, competency, and qualifications. Clinical expertise reflects competent, evidence-based and outcomes-oriented care. It embraces the client's values and lifestyle and acknowledges the importance of client autonomy and client satisfaction.

Excellence in nursing practice is achieved through a shared governance approach that promotes the involvement of the professional nurse in interdisciplinary collaboration and provides venues for the nurse to advocate for the client in clinical and organizational decision making. Such collaboration contributes to the achievement of institutional outcomes and results in a fiscally responsive environment.

Finally, the quality of nursing care is enhanced by **utilizing research** that is specifically designed to promote critical thinking in both the theoretical and practice setting. Through research, the professional nurse is able to provide evidence-based care and improve outcomes.

The profession of nursing, as represented by associations and their members, is responsible for **articulating nursing values for maintaining the integrity of the profession** and its practice, and for shaping social policy.

Approved and adopted by SFDPH NLC
April 2003

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 20, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAY 16 2003

SAN FRANCISCO
PUBLIC LIBRARY

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MAY 6, 2003**
**Minutes of May 6, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Jail Health Services** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,677,861, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.2) **CHN** - Request for approval of two contract renewals with the following firms: Asereth Medical Services, Inc. and *Rxrelief*, for a combined total amount of $1,200,000, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Rate schedules, Monitoring report summaries, Response letter*

(3.3) **CHN-SFGH** – Request for approval of a renewal contract with the Regents of the University of California, in the amount of $336,000, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.4) **PHP-STD Prevention and Control** – Request for approval of a retroactive new sole source contract with the Regents of the University of California, in the amount of $98,000, to provide STD screening and counseling services targeting behavioral risk populations at the Magnet Clinic, for the period of April 15, 2003 through December 31, 2003.
* *Calendaring request memo*

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with UCSF-Center for AIDS Prevention Studies, in the amount of $150,000, to provide health program planning services targeting gay and bisexual men, for the period of December 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary*

(3.6) **AIDS Office** – Request for approval of a new sole source contract with CompassPoint Nonprofit Services, in the amount of $70,000, to provide HIV Non-Name Reporting System technical assistance, for the period of June 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client demographic information form*

(3.7) **AIDS Office** – Request for approval to accept and expend retroactively a grant from the National Institute of Allergy and Infectious Diseases, in the amount of $85,335, for a study on the effects of highly active antiretroviral therapy on cancer incidence in AIDS cases, for the period of May 1, 2003 to October 31, 2004.
* *Calendaring request memo, Grant application information form, Budget pages*

(3.8) **PHP-Housing and Urban Health** – Request for approval of a contract modification with John Stewart Company, in the amount of $181,287, to provide property management services at the Windsor, Le Nain, Camelot and Star hotels targeting formerly homeless clients with special needs, for the period of May 1, 2003 through June 30, 2003, for a contract total of $1,669,620 for the period of July 1, 2002 through June 30, 2003
* *Calendaring request memo, Monitoring report summary*

(3.9) **CHPP-Health Promotion** – Request for approval of a contract renewal with San Francisco Study Center, Inc., in the amount of $761,441, to provide fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.10) **CBHS-Substance Abuse** – Request for approval of a contract modification with Jelani, Inc., in the amount of $524,992, for a total contract value of $3,108,421, to provide residential and

outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summaries, Response letter*

(3.11) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Jelani, Inc., in the amount of $3,843,458, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Response letter, Client demographic information* forms

(3.12) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Latino Commission on Alcohol and Drug Abuse, in the amount of $1,254,755 per year for a total four-year contract amount of $5,019,019, to provide residential substance abuse treatment targeting adult Latinos and postpartum Latinas, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.13) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $948,062 per year for a total contract amount of $3,792,248, for the provision of substance abuse services targeting monolingual and bilingual Spanish speaking individuals and families, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Response letter, Monitoring report summaries, Client demographic information forms*

(3.14) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Iris Center, in the amount of $1,093,102, to provide outpatient, prevention and intensive outpatient substance abuse services targeting low-income women, women of color and lesbian/bisexual and transgender women, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.15) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Japanese Community Youth Council, in the amount of $739,894 per year for a total contract value of $2,959,576, for the provision of substance abuse prevention services targeting at-risk Asian youth, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.16) **CBHS-Mental Health** – Request for approval to accept and expend retroactively a new grant from the California Department of Mental Health, in the amount of $798,888, with extension of 12 months for carry forward funding, to develop model strategies and specific protocols to improve placement and community reintegration for African American long term clients, for the period of June 16, 2003 to June 30, 2004.
* *Calendaring request memo, Grant information form, Budget pages*

(3.17) **CBHS-Mental Health** – Request for approval of a new contract with Hyde Street Community Services, Inc., in the amount of $1,752,159, to provide comprehensive mental health outpatient services at the Tenderloin Clinic and wellness and recovery services at the Clubhouse, targeting eligible adults in the Tenderloin area, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client demographic information forms*

(3.18) **CBHS-Mental Health** – Request for approval of a renewal contract with Bay Area Bookkeeping, in the amount of $634,000 per year, for a total contract amount of $2,536,000, to provide check writing services for payment to non-contract providers of the San Francisco Mental Health Plan and Family Mosaic Project, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Performance review letter*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY**

6) **FOR DISCUSSION:** **PRESENTATION OF THE ANNUAL EMERGENCY MEDICAL SERVICES (EMS) AWARDS**
(John Brown, M.D., EMS Medical Director)

7) **FOR DISCUSSION:** **THIRD QUARTER REVENUE AND EXPENDITURE REPORT**
(Gregg Sass, CFO)
**Report*

8) **FOR ACTION:** **RESOLUTION REGARDING YOUTH PARTICIPATION IN THE HEALTH COMMISSION JOINT CONFERENCE COMMITTEES**
(Iman Nazeeri-Simmons, Adolescent Health Coordinator)
**Resolution*

9) **FOR DISCUSSION:** **WOMEN'S HEALTH REPORT**
(Maria Cora, Women's Health Coordinator)
**Report*

10) **FOR DISCUSSION:** **EMERGENCY MEDICAL SERVICES (EMS) SECTION ANNUAL REPORT**
(John Brown, M.D., EMS Medical Director)
**Report*

11) **PUBLIC COMMENTS**

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

DOCUMENTS DEPT
MAY 29 2003
SAN FRANCISCO
PUBLIC LIBRARY

MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 20, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER:

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Michael Penn, Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MAY 6, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the minutes of the May 6, 2003 Health Commission meeting.

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo attended, the Budget Committee meeting. Commissioner Penn was absent.

CHN-Jail Health Services – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,677,861, to provide psychiatric and

substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2003 through June 30, 2004.

Secretary's Comment

Although the title indicates a retroactive renewal contract, the contract is not retroactive.

(3.2) **CHN** - Request for approval of two contract renewals with the following firms: Asereth Medical Services, Inc. and *Rxrelief*, for a combined total amount of $1,200,000, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, for the period of July 1, 2003 through June 30, 2004.

(3.3) **CHN-SFGH** – Request for approval of a renewal contract with the Regents of the University of California, in the amount of $336,000, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2003 through June 30, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.4) **PHP-STD Prevention and Control** – Request for approval of a retroactive new sole source contract with the Regents of the University of California, in the amount of $98,000, to provide STD screening and counseling services targeting behavioral risk populations at the Magnet Clinic, for the period of April 15, 2003 through December 31, 2003.

Commissioners' Comment

The Commission requested a follow-up to the Population Health and Prevention Joint Conference Committee in December 2003.

Commissioner Sanchez abstained from voting on this item.

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with UCSF-Center for AIDS Prevention Studies, in the amount of $150,000, to provide health program planning services targeting gay and bisexual men, for the period of December 1, 2002 through June 30, 2003.

Commissioner Sanchez abstained from voting on this item.

(3.6) **AIDS Office** – Request for approval of a new sole source contract with CompassPoint Nonprofit Services, in the amount of $70,000, to provide HIV Non-Name Reporting System technical assistance, for the period of June 1, 2003 through June 30, 2004.

(3.7) **AIDS Office** – Request for approval to accept and expend retroactively a grant from the National Institute of Allergy and Infectious Diseases, in the amount of $85,335, for a study on the effects of highly active antiretroviral therapy on cancer incidence in AIDS cases, for the period of May 1, 2003 to October 31, 2004.

(3.8) **PHP-Housing and Urban Health** – Request for approval of a contract modification with John Stewart Company, in the amount of $181,287, to provide property management services at the Windsor, Le Nain, Camelot and Star hotels targeting formerly homeless clients with special needs,

for the period of May 1, 2003 through June 30, 2003, for a contract total of $1,669,620 for the period of July 1, 2002 through June 30, 2003

(3.9) **CHPP-Health Promotion** – Request for approval of a contract renewal with San Francisco Study Center, Inc., in the amount of $761,441, to provide fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2003 through June 30, 2004.

(3.10) **CBHS-Substance Abuse** – Request for approval of a contract modification with Jelani, Inc., in the amount of $524,992, for a total contract value of $3,108,421, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comment

The Commission requested a six-month status report to the Community Health Network Joint Conference Committee.

(3.11) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Jelani, Inc., in the amount of $3,843,458, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2003 through June 30, 2004.

The Commission requested a six-month status report to the Community Health Network Joint Conference Committee.

(3.12) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Latino Commission on Alcohol and Drug Abuse, in the amount of $1,254,755 per year for a total four-year contract amount of $5,019,019, to provide residential substance abuse treatment targeting adult Latinos and postpartum Latinas, for the period of July 1, 2003 through June 30, 2007.

(3.13) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $948,062 per year for a total contract amount of $3,792,248, for the provision of substance abuse services targeting monolingual and bilingual Spanish speaking individuals and families, for the period of July 1, 2003 through June 30, 2007.

(3.14) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Iris Center, in the amount of $1,093,102, to provide outpatient, prevention and intensive outpatient substance abuse services targeting low-income women, women of color and lesbian/bisexual and transgender women, for the period of July 1, 2003 through June 30, 2004.

The Commission requested a six-month status report to the Community Health Network Joint Conference Committee.

(3.15) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Japanese Community Youth Council, in the amount of $739,894 per year for a total contract value of $2,959,576, for the provision of substance abuse prevention services targeting at-risk Asian youth, for the period of July 1, 2003 through June 30, 2007.

(3.16) **CBHS-Mental Health** – Request for approval to accept and expend retroactively a new grant from the California Department of Mental Health, in the amount of $798,888, with extension of 12 months for carry forward funding, to develop model strategies and specific protocols to

improve placement and community reintegration for African American long term clients, for the period of June 16, 2003 to June 30, 2004.

The Commission requested a status report to the Community Health Network Joint Conference Committee in February 2004.

(3.17) **CBHS-Mental Health** – Request for approval of a new contract with Hyde Street Community Services, Inc., in the amount of $1,752,159, to provide comprehensive mental health outpatient services at the Tenderloin Clinic and wellness and recovery services at the Clubhouse, targeting eligible adults in the Tenderloin area, for the period of July 1, 2003 through June 30, 2004.

(3.18) **CBHS-Mental Health** – Request for approval of a renewal contract with Bay Area Bookkeeping, in the amount of $634,000 per year, for a total contract amount of $2,536,000, to provide check writing services for payment to non-contract providers of the San Francisco Mental Health Plan and Family Mosaic Project, for the period of July 1, 2003 through June 30, 2007.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the Budget Committee consent calendar.

Commissioner Sanchez abstained from voting on Items 3.3, 3.4, and 3.5.

It was noted that although the title of Item 3.1 indicated that it is a retroactive renewal contract, it is not retroactive.

The Commission asked for the following reports to Joint Conference Committees: Items 3.4, 3.10, 3.11, 3.14, and 3.16.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Budget Update

There have been significant developments with the Department's Budget in the past two weeks. Labor negotiations with SEIU 790, 250 and 535 (miscellaneous employees) have resulted in several changes to the budget. As a result of agreement with SEIU for members to pick up the 7.5 percent employee share of retirement, and agree to certain changes in the nursing contract related to jail health, the City has agreed to:

- restore the Mental Health Rehabilitation Facility as a locked subacute psychiatric rehabilitation facility for an additional year,
- abandon the plan to outsource the Laguna Honda laundry and relocate a city-staffed laundry at Oyster Point, and
- abandon a plan to outsource jail health services and instead make nurse staffing and scheduling changes and other reductions in health and psychiatric services in the jails for General Fund savings of $4.5 million.

These revisions are contingent on Union ratification of the negotiated settlement. It also assumes that 790 nurses will reopen their contract and provide sufficient concessions to fund the MHRF and Jail Health. In anticipation of ratification, DPH has made these revisions to its budget. In addition,

the Mayor's budget office has requested that the Department absorb an additional $3.3 million in reductions to its General Fund. DPH has met this requirement with a combination of budget reductions and an additional commitment to deliver a surplus in the current year. The Department has eliminated an additional 3.0 FTE administrative positions for GF savings of $300,000; and will return an additional $3 million in FY 2002-03 surplus, comprised of $1.8M in SB 90 revenues and $1.2 million in other revenues and projected expense savings.

May Revise

On May 14th, Governor Gray Davis released the May Revision to the 2003-04 budget he proposed in January. Called the May Revise, this budget amends his earlier proposal based upon actual income tax revenues. Because the May Revise relies heavily on borrowing and new taxes, rather than substantial spending reductions to bridge the State's $38 billion shortfall, cuts to health programs are not as significant as DPH had anticipated. Most of the reduction proposals that the Governor presented in January are still relied upon in the May Revise to help balance the budget. These include: Medi-Cal quarterly status reports; a 15 percent rate reduction in Medi-Cal; elimination of 18 Medi-Cal optional benefits; and rescission of the Medi-Cal expansion program for aged, blind and disabled beneficiaries. The Governor's budget also includes a scaled-down version of the Realignment II proposal set forth in January and now includes two mental health programs (AB 34/2034 and Children's System of Care), and several social service programs, but no health programs.

According to the Legislative Analyst's Office (LAO), the Governor's May Revise would leave the budget only precariously balanced for 2003-04, but would leave the state facing substantial operating deficits in the following years. The LAO recommends that the Legislature implement more ongoing reductions for 2003-04 than proposed by the Governor to help mitigate the out year burden. A comprehensive overview of the May Revise will be presented to the Commission at your next meeting.

Public Forums on SARS

On May 15th, "A Better Chinatown for Tomorrow" organized a community meeting to discuss the impact of SARS on Chinatown businesses. Although San Francisco has had only two suspected cases, one probable case and no confirmed cases of SARS, fear of the virus has impacted the local businesses. Since March, when SARS was first recognized in Asia, fewer people have been visiting, shopping and dining out in Chinatown. Dr. Rajiv Bhatia, Medical Director for Environmental Health and Occupational Health and Safety, and Path Fu, Adult Immunization Coordinator, attended the event to answer questions from the community and to emphasize that Chinatown is a safe place to visit.

Also on May 15th, the Centers for Disease Control and Prevention's (CDC) SARS community outreach team visited San Francisco to discuss the impact and stigmatization that SARS has had on the Asian/Pacific Islander (API) community in the Bay Area. Several API community organizations as well as DPH staff attended the meeting, held at the API Wellness Center in Chinatown. There was considerable interest from both the community and the CDC on the Chinese language information and outreach strategies the Department has developed in response to SARS, including the "Frequently Asked Questions" fact sheet, the SARS Information Line (554-2905), press conferences and community meetings. The next meeting will be held in Cantonese, Sunday, June 8th in the Sunset District.

DOJ Findings Letter on Laguna Honda Hospital

The leadership of DPH and Laguna Honda continue to collaborate with the City Attorney's Office in responding to the April 1, 2003 letter from the Department of Justice (DOJ). The letter is the most recent written communiqué in the DOJ investigation that began in 1997 and focuses on ADA-

related issues. DPH is pleased that the DOJ has recognized the dedication of staff who are genuinely concerned with the well being of Laguna Honda residents and the City's commitment to further improve the services provided by the Hospital. Laguna Honda staff has also identified areas where it is believed the resident care programs can be further improved, and are developing plans to do so. There are also many areas where DPH disagrees with the DOJ's factual recitations, analysis, and recommendations. As in the past, DPH will continue to cooperate with the DOJ in an effort to move toward closing this investigation. DPH will continue to keep the Commission apprised of the progress on this issue.

Earn While You Learn Workshops

Community Vocational Enterprises (CVE) and the Mobile Support and Treatment Team Homeless Integrated Services Project (MOST AB 2034) are engaged in a unique and innovative collaboration that provides paid training and vocational development for MOST AB 2034 clients, who are seriously mentally ill and have histories of homelessness. Prior to enrolling in the MOST program, these clients had been treated in acute psychiatric and medical facilities or had arrest histories, but had not linked with community-based mental health programs. Many have little or no employment history. To help ensure that clients can successfully transition from training to employment, CVE has been facilitating interactive workshops for a group of eight MOST AB 2034 clients. More information about CVE can be found at: **www.cve.org**.

Advanced Access

Community Mental Health Services (CMHS) initiated Advanced Access in November of 2002 with the goal to eliminate delays in accessing CMHS adult outpatient services. As a result of this initiative, delays in intake appointments, initial psychiatrist appointments, and follow-up appointments have been virtually eliminated. The average wait time for intake appointments has been reduced from three weeks to less than 48 hours. In support of Advanced Access, Pharmacy Services developed a new protocol for new and inactive clients to obtain medication on the same day as the intake, and the Children's Services section initiated its own advanced access initiative. Additional information about CMHS's Advanced Access initiative can be found at: www.sfadvancedaccess.org.

IMD Alternatives for African-American Clients

Community Behavioral Health Services (CBHS) has been awarded a grant from the California Department of Mental Health to develop community alternatives to Institutions for Mental Disease (IMDs, i.e., psychiatric locked facilities) for African-American clients. The grant of $399,444 is for each of two years, and will provide the opportunity to develop a model of culturally competent strategies to successfully transition African-American clients from IMDs to community settings and to develop an intensive case management team to work with this target population. A review of data of locked psychiatric long-term care facilities treating San Francisco clients indicates that a disproportionate number of African-American males are placed in these facilities, that they stay longer, they are harder to place in the community and they recidivate faster. The Department is very pleased at this opportunity to develop approaches to help African-American clients more successfully return to community living.

The Dimensions Clinic

The Dimensions Clinic, established in 1998 through the collaboration of Castro-Mission Health Center, Special Programs for Youth, Health Initiatives for Youth, and New Leaf, has been named as a recipient of the Lavender Youth Recreation and Information Center (LYRIC) 2003 Champions award. Dimensions provides comprehensive, non-judgmental and confidential physical and mental health services exclusively to LGBTQQ youth. The annual Champion Awards event will take place

on Wednesday, May 28th from 6 pm - 8:30 pm at the San Francisco LGBT Center. For tickets or more information contact Ron Wong and Associates at 415.355.9988

World Asthma Month Updates

The Childhood Asthma Initiative grant, funded by the State Department of Health Services and First Five California has focused on children under 5 years old with asthma. Over 200 children and their families have been provided asthma education and home environmental assessment and controls, such as dust-mite proof bed and pillow covers. In addition to patient education services, the grant supports media awareness campaigns, a clinical quality improvement project at the Excelsior Clinic, and a parent advocacy project promoting asthma policy development for childcare settings.

For World Asthma Month, Children's Environmental Health Promotion arranged an African American focused outreach program on KBLX radio 102.9, a Channel 14 Spanish-language interview program with two experts from the Asthma Task Force, and a Chinese print ad with Sing Tao Daily and the World Journal. The San Francisco Asthma Resource Guide, "*You Are Not Alone*" is also available in English and Spanish by calling 554-8930.

Peg Hickox, RN, MSN

Peg Hickox, RN, MSN, Program Director for the OMI Family Center, received a certificate of honor from the San Francisco Board of Supervisors on May 6th, in recognition of outstanding service to people of the City and County of San Francisco. As part of Nurse Week, Ms. Hickox was commended for her commitment to nursing, her service to mental health patients, and for being an inspiration to all.

San Francisco General Hospital
Credentials Report

May 2003
Health Commission – Director of Health Report
(From 5/12/03 MEC and 5/13/03 JCC)

	5/03	7/02 to 4/03
New Appointments	10	191
Reinstatements	2	1
Reappointments	18	301
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	11	117
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	6	23
Voluntary Relinquishments	8	23
Proctorship Completed	14	137

Current Statistics – as of 5/1/03	
Active Staff	419
Affiliate Professionals (non-physicians)	162
Courtesy Staff	494
Total Members	1,077

Applications In Process	34	
Applications Withdrawn Month of Jan 2003	3	15 (July 02 to April 03)
SFGH Reappointments in Process June. 2003 to Sept. 2003	118	

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY**

Commissioner Roma Guy presented the May Employee Recognition Awards.

Individual Awardees	**Division**	**Nominated by**
James Alexander, Budget Manager	Dept. of Public Health, Central Admin. - Finance Unit	Mitch Katz, Director of Health, and Finance Unit Staff

Women's Health Care Team	**Division**	**Nominated by**
Awardees		
Lindy Edward, RN Amy Krehbiel, RN Daena Petersen, Health Worker	Dept. of Public Health, Tom Wadell Health Center	Marian Pena, Health Center Director

6) **PRESENTATION OF THE ANNUAL EMERGENCY MEDICAL SERVICES (EMS) AWARDS**

President Edward Chow presented the Annual Emergency Medical Services Awards. San Francisco Fire Chief Mario Trevino was present to congratulate the awardees.

EMS Field Provider Award to:	Steve Ager, EMT-P Irene Ager, EMT-P S.F. Fire Department
EMS Hospital Provider Award to:	Lettie Miller, RN S.F. General Hospital
EMS Community Provider Award to:	Maureen Shannahan, RN Mary Allen, RN

7) THIRD QUARTER REVENUE AND EXPENDITURE REPORT

Gregg Sass, CFO, presented the third quarter financial projection of revenue and expenditures for the Department of Public Health for fiscal year 2002-03. These projections are based on revenue collected and billed, and expenses incurred for the first nine months of the fiscal year ending March 31, 2003. Projections include revenue surplus of $22.6 million and over expenditures of $9 million. Based on this data, the Department of Public Health is projecting a year-end surplus of $13.6 Million for FY02-03. This amount represents 1.3% of the Department's total operating budget and 4.7% of the Department's General Fund.

The Mayor instructed Departments to reduce reliance on the General Fund by 3% ($8.7M for DPH). On December 3rd, the Commission approved the Department's plan to return revenue to the City as part of our plan for avoiding service cuts in this fiscal year. Subsequently, we reported to the Health Commission that we committed to the Mayor's Budget office an additional surplus of $4M to avoid service cuts, bringing the total promised surplus to $12.7 million dollars. At the current time it appears that we will meet this target. Carry over of surplus has allowed us the Department avoid further service cuts in the next budget year. In addition, Mr. Sass reported an additional surplus of $3.0 million, including $1.8 million in SB 90 – State Mandated Cost, $0.5 million in Children's System of Care cost savings, and $0.5 million in SFGH PY settlements. This brings the total estimated surplus to $16.6 million.

Projected FY 2002-03Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 493,682,000	$ 515,168,000	$ 21,486,000	$ 493,682,000	$ 506,790,000	$ (13,108,000)	8,378,000
Laguna Honda	149,497,000	150,110,000	613,000	149,497,000	150,607,000	(1,110,000)	(497,000)
Primary Care	48,234,000	48,434,000	200,000	48,234,000	48,520,000	(286,000)	(86,000)
Health at Home	5,032,000	5,034,000	2,000	5,032,000	5,018,000	14,000	16,000
Jail Health	26,296,000	26,296,000	0	26,296,000	28,254,000	(1,958,000)	(1,958,000)
Public Health	93,490,000	94,000,000	510,000	93,490,000	91,870,000	1,620,000	2,130,000
Mental Health	178,426,000	178,247,000	(179,000)	178,426,000	172,868,000	5,558,000	5,379,000
Substance Abuse	65,304,000	65,304,000	0	65,304,000	65,054,000	250,000	250,000
TOTAL DPH	1,059,961,000	1,082,593,000	22,632,000	1,059,961,000	1,068,981,000	(9,020,000)	13,612,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Monfredini thanked Mr. Sass for his regular reports and his attention to detail.
- Commissioner Chow requested clarification of the Mental Health work order with DHS, questioning whether the services were provided. Mr. Sass responded that the services were provided, but were billable to DHS through the CalWORKS work order, thereby reflecting a surplus.
- Commissioner Umekubo questioned the implications of the additional $3 million in surplus given the cuts the Department has recently had to make. Mr. Sass responded that it does help us with the two percent cut in materials and supplies requested by the Mayor to all Departments. Since the majority of DPH's materials and supplies are necessary medical supplies, DPH can't

cut into that budget like other departments. Dr. Katz added that this $3 million will not help with cuts that have already been made, but will save the Department from deeper cuts. He noted that this surplus is largely the result of salary savings coming from unfilled positions.

8) RESOLUTION REGARDING YOUTH PARTICIPATION IN THE HEALTH COMMISSION JOINT CONFERENCE COMMITTEES

Commissioner Roma Guy presented a resolution regarding youth involvement in the Health Commission via the creation of a Youth Health Advisor appointment to the Population Health and Prevention Joint Conference Committee (PHP JCC).

The PHP JCC previously benefited from a youth perspective through the involvement of Rolando Bonilla. When Mr. Bonilla left to attend law school, the PHP JCC members discovered that there was no formal process for appointing another youth member, and have spent recent months discussing what process should be put in place and what the selection criteria should be. Iman Nazeeri-Simmons, the Adolescent Health Coordinator, worked closely with the PHP JCC and the Health Commission Office to create a job description for the position, as well as identify the qualities that the PHP JCC would like to see in appointees.

The PHP JCC members think it is important to formalize this process through a Health Commission resolution. This ensures consistent and continuous youth involvement in the PHP JCC, even when there is a change in Health Commission membership or DPH staff. The resolution is fairly specific to the PHP JCC, but it allows for other Joint Conference Committees to appoint youth members if those JCCs deem this type of participation desirable.

Ms. Nazeeri-Simmons thanked Commissioners Parker and Guy for their leadership, noting that this change is part of the principles of youth development. This provides an opportunity to develop leadership, participate in civic affairs, and receive mentorship from adults.

Commissioners' Comments

- Commissioner Parker gave his support to this policy, noting that this is an opportunity to demonstrate respect for the youth of the community and an indication of willingness to make changes on their behalf.

- Commissioner Monfredini asked who is responsible to develop the criteria to appoint the youth member. Ms. Nazeeri-Simmons responded that it is the responsibility of the Office of Adolescent Health to supervise and develop a job description. Specific criteria include San Francisco residency, age 15 to 24, an understanding of the health needs of San Francisco youth, and a commitment to working with diverse youth populations.

- Commissioner Monfredini indicated the need for the youth member to understand and respect confidentiality and asked who would be responsible to ensure mentorship. Ms. Nazeeri-Simmons responded that she would be responsible to provide an orientation to all aspects of the role, including the need for confidentiality, and would ensure the mentorship intended.

- Commissioner Parker expressed concern about the addition of layers of bureaucracy with necessary approvals from the Director of Health and the Health Commission President, and could stifle independent thought and expression. Commissioner Chow responded that this formalizes the role of the Commission to appoint members to the JCC. Commissioner Guy

added that this fills the need to create a home for appointee so that person doesn't get lost in the bureaucracy. She does however share Commissioner Parker's concern of the need to be cognizant to allow the appointee to develop his/her individual voice. Commissioner Monfredini additionally responded that she would never support the stifling of individual voice, but understands the need for criteria for the position, and believes the approvals are consistent with the Commission process. Commissioner Sanchez added that this formalizes the process to create a unique voice on the JCC. Commissioner Chow added that this makes youth voice official.

- Commissioner Parker asked about term limits for the position. Commission Guy responded that there are no specific term limits included in the resolution, only an age limit with an upper limit of 24.

- Commissioner Chow noted that if the process isn't working, it can always be changed.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved Resolution #11-03 "Supporting Youth Involvement in the San Francisco Health Commission and Establishing a Youth Health Advisor Appointee to the Population Health and Prevention Joint Conference Committee," (Attachment A).

9) WOMEN'S HEALTH REPORT

Anne Kronenberg introduced the report noting the origins of the Office of Women's Health. She recommended that the Office of Women's Health be integrated into the PHP like the Office of Adolescent Health, and that reports be done through the PHP JCC with annual updates to the Health Commission, rather than being a direct report to the Health Commission. Ms. Kronenberg also noted how appropriate it is for this report to be given during Women's Health Month in California.

Maria Cora, Women's Health Coordinator presented the new Women's Health Plan noting that it is a guide for DPH for San Francisco women (age 19 and up) and young women/girls (ages 10 to 18), covering a four-year time span, 2003 through 2006. Ms. Cora provided an outline of the plan noting the importance of women's health and well being, and included a profile of San Francisco women, young women, and girls. She noted that women face particular challenges to health including poverty, lack of health insurance, environmental and occupational hazards, social inequity, unhealthy lifestyles, insufficient research data, and a current economic crisis. Ms. Cora described the guiding principles for women's health and described how the six core recommendations were developed. The recommendations include:

Recommendation 1: Promote wellness and provide excellence in health care to women and girls in San Francisco in gender-specific context.

Recommendation 2: Reduce mortality and disability rates among women through concerted prevention efforts.

Recommendation 3: Reduce mortality, injury, and negative effects on the quality of life due to violence confronted by women, girls, and their families.

Recommendation 4: Expand screening and treatment services and collaborate in prevention efforts to reduce cancer among women.

Recommendation 5: Eliminate health disparities based on race and ethnicity, disabilities, and sexual orientation.

Recommendation 6: Ensure the health of vulnerable populations of women by enhancing access to health services.

Next steps for the plan include dissemination, prioritization, and implementation. Progress will be monitored and achievement of recommendations will be evaluated in 2007.

Public Comment

Carlina Hanson of the Women's Community Clinic expressed her support for the plan and thanked Maria Cora for her work. She emphasized the unique needs of women in San Francisco, including the diverse population of women. She invited Commissioners to the Open House of the Women's Community Clinic on May 29, 2003 at 6:30 at 2166 Hayes St.

Belle Taylor-McGhee, Executive Director of the Department on the Status of Women recommended that the Commission adopt the plan, and she commended Maria Cora on her work. She noted the small number of girls in San Francisco and their diversity – 79% are girls of color. She recommended the addition of a specific recommendation on cooperation with CBOs and other community groups.

Norma Hotaling of SAGE commended the Department for addressing gender specific health needs and Maria Cora for her report. She noted that violence and exploitation impacts women's abilities to secure careers and to succeed.

Commissioners' Comments

- Commissioner Guy responded that she appreciates how far this process has come. The ability to articulate and organize the gaps that exist in the knowledge of women's health is a tremendous step. This work will help frame the discovery of what is the same and what is distinct in health between the genders. She wants to be certain that this work is integrated into the prevention framework. We need to understand the health disparities that exist between the genders, including STDs, unintentional injury, and others. She stated the need to pursue evaluation for this effort. Finally, she requested that the Department look at the Avon grant to determine how broad it can be.

- Commissioner Monfredini stated her support for the report. She noted that women tend to be the social glue in relationships, which is stressful, and the frequent role of women as caregivers. She noted the number of health problems caused by stress, and indicated the need to address mental health issues. She noted that mental health is as important as physical health. She concluded by asking how the Department is reaching young women and girls through this process. Ms. Cora responded that she is working as part of the San Francisco Continuum of Care, which includes Iman Nazeeri-Simmons' Office of Adolescent Health.

- Commissioner Parker stated that in many areas, women are catching up to men in bad health practices, and this needs to be addressed. He noted that without women, there would be no humanity.

- Commissioner Umekubo noted the importance to advocate for gender-specific research within the Department. He asked how progress will be monitored? Through following disease rates over time? Benchmarking? Ms. Cora responded that monitoring will occur on the macro and

micro levels. After four years, what are the effects on disease rates? This will be difficult as frequently there are no gender-specific data. Without data, there will be a need to consider anecdotal evidence. Ms. Cora further explained that they will be working with providers to help them provide gender-specific care and treatment.

- Commissioner Chow noted that as a report to the Commission there is no action item attached. He requested a way to move this work forward. Ms. Kronenberg suggested a resolution to the Health Commission, which will be prepared for the next Health Commission meeting. Commissioner Chow noted that it is a well-written, excellent report. His only recommendation would be to move tobacco cessation from 2005 to an earlier time, since many of those efforts are already occurring. Ms. Cora agreed with that recommendation.

Commissioner Monfredini departed the meeting at 5:31 p.m.

10) EMERGENCY MEDICAL SERVICES (EMS) SECTION ANNUAL REPORT

John Brown, M.D., EMS Medical Director presented the 2002 EMS system highlights, which include:

EMS System Planning and Development

- Continued implementation of the Advanced Medical Priority Dispatch System.
- Development of the aero medical utilization policy.
- Expanded development of the Advanced Life Support Engines.
- Improved hospital/EMS System communications

Emergency, Disaster, and Terrorism Preparedness

- Established Department Operations Center for disaster command and control.
- Developed Department of Public Health Emergency Operations Plan.
- Improved alerting and communication system.
- Developed the MCI Level 2 and 3 Policies and Procedures.

Community Programs

- Increased the availability of Public Access Defibrillators.
- Increased enrollment in the Disaster Registry Program.

Dr. Brown also reported on San Francisco's ambulance call volume, ambulance response (noting that we are already meeting the EMDAC standards for response times for both first ambulance and first ALS), Advanced Life Support units, receiving hospital ambulance volume, ambulance diversion, unusual occurrences, and the Disaster Registry for seniors and disabled persons.

Future directions for EMS include:

- Implement system-wide comprehensive LEMSIS data collection and quality improvement system.
- Negotiate Ambulance Provider Agreements with EMS providers.
- Expand the number of ALS engines.
- Fully implement Advanced Medical Priority Dispatch system and QI program.
- Continue Trauma Plan implementation, including medical helicopter environmental impact report and preventable death study.
- Integrate MacMillan Sobering Center into the EMS System.
- Continue expansion of the Public Access Defibrillator program.

- Assist EMS training programs to achieve accreditation.
- Continue to prepare DPH, EMS System, and the City for natural disasters and terrorist incidents.
- Implement a mass gathering permit process.

Commissioners' Comments

- Commissioner Chow asked how the goal to put a paramedic on every ambulance is affected by the SFFD budget. Dr. Brown responded that it is not affected by the current budget. There are already paramedics on most engines, and while it may not be 100 percent this coming year, it will probably be about 70 percent.

- Commissioner Sanchez asked about the effect of federal bioterrorism funding, and whether the Department has an internal group to address this? Dr. Brown responded that there is an internal group within DPH. Currently DPH is receiving about $500,000 of the City's $2.5 million in federal bioterrorism funds. An additional $10 million is expected in the City. What initially appeared to be seed money is now turning into funding streams.

- Commissioner Umekubo asked about the differences in ambulance response times between SFFD ambulances and the private companies. Dr. Brown responded that the private companies respond as back up to SFFD when they have ambulances available. The private companies tend to place ambulances in places where there are the most calls – known as "good positioning." Among SFFD ambulances that mimic that system, there is a better response time. He added that SFFD is required to cover all areas of the City including the Outer Sunset and Outer Richmond where there are fewer resources and longer distances, which tend to bring down the overall average for the SFFD response times.

- Commissioner Umekubo asked about the systems of communication among hospitals and why there is a varying response time among different systems. Dr. Brown responded that after September 11, there was a concerted effort to make certain that all staff at all facilities could be facile with all systems in case of failure of one system. Staff is more familiar with some systems than others, and there were some technical difficulties with one system, but overall, training is continuing and system glitches are being solved such that response times are improving for all systems.

- Commissioner Chow asked how we would monitor diversion rates and compare data over time given the changes in the diversion definition. Dr. Brown stated that he shared that concern, but is looking to other ways to capture data. For example, with the opening of the Sobering Center, he would look beyond diversion to see whether there has been a decrease in the number of public inebriates at all hospitals. He added that hospitals are making progress in the inappropriate use of diversion.

- Dr. Chow raised the concern of community opposition to the helipad, and whether there are ways to decrease commercial use of helicopters over those same communities as a way to gain support for a helipad at SFGH. Ms. Kronenberg noted that while this is outside of the Department's purview, she and Gene O'Connell have met individually with members of the Board of Supervisors to discuss efforts to mitigate noise from commercial helicopters in those communities.

- Commissioner Parker asked whether there are criteria for the placement of Public Access Defibrillators and whether sites need to be certified. Dr. Brown responded that there is a need

for an "enabling agency" (i.e., sponsor), which needs to meet certain criteria (medical direction, initial and ongoing training requirements). He noted that he has been meeting with MUNI and BART regarding the placement of Public Access Defibrillators on transit vehicles. He added that there are probably an additional 50 or so sites in San Francisco with Public Access Defibrillators that have not registered with EMS.

- Commissioner Guy asked about the impact of bioterrorism funding and how it is shaping the City's overall disaster response capacity. Dr. Brown responded that it is building overall capacity in positive ways including an ability to approach disaster planning from an overall systems perspective. He noted the importance of communication system development and the integration of DPH sections, which had previously not worked together, as two examples. On the downside, he noted that there is a federal bias toward certain vendors, which may not meet the City's needs.

11) PUBLIC COMMENTS

There were no public comments.

12) ADJOURNMENT

The meeting was adjourned at 6:29 p.m.

Jim Boos
Acting Executive Secretary
to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-03

SUPPORTING YOUTH INVOLVEMENT IN THE SAN FRANCISCO HEALTH COMMISSION AND ESTABLISHING A YOUTH HEALTH ADVISOR APPOINTEE TO THE POPULATION HEALTH AND PREVENTION JOINT CONFERENCE COMMITTEE

WHEREAS, the mission of the San Francisco Health Commission includes deliberating on matters pertaining to the preservation, promotion and protection of the lives, health and mental health of San Francisco residents; and,

WHEREAS, the Health Commission is interested in hearing the opinions and perspectives of youth when deliberating on such matters; and,

WHEREAS, the Health Commission has established Joint Conference Committees, which are forums for open, thoughtful discussions between Health Commissioners and Department of Public Health staff, allow Health Commissioners to provide input to Department of Public Health staff on issues that will subsequently be presented to the Health Commission, monitor quality assurance and review financial information; and,

WHEREAS, the Health Commission wishes to formalize youth participation in the Population Health and Prevention Joint Conference Committee through the appointment of a Youth Health Advisor(s); and,

WHEREAS, the purpose of the Population Health and Prevention Youth Health Advisor(s) is to identify and advise the concerns and needs of the children and youth in San Francisco, provide feedback to the Health Commissioners regarding children and youth health issues and advise the Department of Public Health on matters affecting children and youth; and,

WHEREAS, the Population Health and Prevention Youth Health Advisor(s) shall report to the Health Commission on matters relating to children and youth on an annual basis at the time the Annual Adolescent Health Plan is presented to the Health Commission; and,

WHEREAS, the Population Health and Prevention Joint Conference Committee Youth Health Advisor(s) shall be an individual who understands the needs of young people in San Francisco, represents the diversity of ethnicity, race, immigrant status, gender and sexual orientation of the people of the City and County of San Francisco, is a resident of the City and County of San Francisco and is between the ages of 15 and 24 at the time of appointment; and,

WHEREAS, the Population Health and Prevention Joint Conference Committee Youth Health Advisor(s) shall serve for a term which shall be based on a Commission year; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 11-03 (Cont'd.)

WHEREAS, the Population Health and Prevention Joint Conference Committee Youth Health Advisor(s) shall be mentored and supervised by the Office of Adolescent Health; and,

WHEREAS, the Office of Adolescent Health, prior to recommending individuals to the Population Health and Prevention Joint Conference Committee, shall discuss these recommendations with the Director of Health; and,

WHEREAS, the Population Health and Prevention Joint Conference Committee shall recommend their selection or selections for Youth Health Advisor to the President of the Health Commission for appointment to the Joint Conference Committee, and upon his/her approval, the President shall subsequently announce the appointment at the next scheduled Health Commission meeting; and,

WHEREAS, the Health Commission may, at a future date, choose to include youth participation through the appointment of a Youth Health Advisor to the other Joint Conference Committees; now, therefore, be it,

RESOLVED, that the Health Commission supports and encourages youth participation in Health Commission discussions and activities; and, be it

FURTHER RESOLVED, that the Health Commission hereby formalizes the establishment of a Youth Health Advisor to the Population Health and Prevention Joint Conference Committee.

I hereby certify that the San Francisco Health Commission at its meeting of May 20, 2003 adopted the foregoing resolution.

Jim Soos
Acting Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

MAY 29 2003

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 3, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MAY 20, 2003**
**Minutes of May 20, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Health Information Services** – Request for approval of three contract renewals with the following firms: Mediscript Medical Transcription, Pacific Medical Transcription and Transcription Stat, Inc., for a combined total amount of $905,000, to provide as-needed medical transcription services for the Health Information Services, San Francisco General Hospital, Community Health Network, for the period of July 1, 2003 through June 30, 2005.
* Calendaring request memo, Vendor rates page, Monitoring report summaries

(3.2) **AIDS Office-Prevention** – Request for approval of a retroactive renewal contract with CompassPoint Nonprofit Services, in the amount of $105,310, to provide organizational development and technical assistance, for the period of April 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary*

(3.3) **AIDS Office-Prevention** – Request for approval of a retroactive new contract with San Francisco Study Center, in the amount of $160,000, to coordinate a community-wide planning process targeting the HIV prevention services provider community and HIV prevention services staff, for the period of March 1, 2003 through June 30, 2003.
** Calendaring request memo*

(3.4) **CHSS-Immunizations** – Request for approval of a retroactive new sole source contract with Mount Zion Health Fund, in the amount of $207,191, to provide support services to the San Francisco Immunization Coalition, for the period of October 15, 2002 through June 30, 2005.
** Calendaring request memo*

(3.5) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Ohlhoff Recovery Programs, in the amount of $376,615, to provide residential and outpatient substance abuse treatment services targeting women and adolescents, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report response letter, Monitoring report summaries, Corrective action plans, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF A RESOLUTION SUPPORTING SAN FRANCISCO WOMEN'S HEALTH PLAN**
(Maria Cora, Women's Health Coordinator)
**Resolution*

6) **FOR DISCUSSION**: **STATE BUDGET UPDATE**
(Colleen Johnson, Assistant Director of Policy and Planning)
**Update*

7) **FOR DISCUSSION**: **SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE**
(Tony Wagner, Chief Executive Officer of Hospital Systems)
**Update*

8) PUBLIC COMMENTS

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

DOCUMENTS DEPT

JUN 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, June 3, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Commission was called to order by Commissioner Guy at 3:10 p.m.

Present: Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MAY 20, 2003

Action Taken: The Commission (Guy, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the Minutes of the May 20, 2003 Health Commission meeting with the correction that Commissioner Parker requested inclusion of his comment on Item #8 that the Youth Health Advisor provides an opportunity for fresh, new thoughts to the Commission. The primary purpose of this position is to seek outside input to help solve youth problems. Training this individual for the future is a secondary purpose.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioners Penn and Umekubo attended, the Budget Committee meeting.

(3.1) **CHN-Health Information Services** – Request for approval of three contract renewals with the following firms: Mediscript Medical Transcription, Pacific Medical Transcription and Transcription Stat, Inc., for a combined total amount of $905,000, to provide as-needed medical transcription services for the Health Information Services, San Francisco General Hospital, Community Health Network, for the period of July 1, 2003 through June 30, 2005.

(3.2) **AIDS Office-Prevention** – Request for approval of a retroactive renewal contract with CompassPoint Nonprofit Services, in the amount of $105,310, to provide organizational development and technical assistance, for the period of April 1, 2003 through December 31, 2003.

(3.3) **AIDS Office-Prevention** – Request for approval of a retroactive new contract with San Francisco Study Center, in the amount of $160,000, to coordinate a community-wide planning process targeting the HIV prevention services provider community and HIV prevention services staff, for the period of March 1, 2003 through June 30, 2003.

(3.4) **CHSS-Immunizations** – Request for approval of a retroactive new sole source contract with Mount Zion Health Fund, in the amount of $207,191, to provide support services to the San Francisco Immunization Coalition, for the period of October 15, 2002 through June 30, 2005.

(3.5) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Ohlhoff Recovery Programs, in the amount of $376,615, to provide residential and outpatient substance abuse treatment services targeting women and adolescents, for the period of July 1, 2003 through June 30, 2004.

Action Taken: The Commission (Guy, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Budget Update

Mayor Brown held a press conference this morning releasing his proposed $4.8 billion FY 2003-04 budget. The budget absorbs the $347 million deficit faced by the City and avoids many of the prior anticipated cuts. In the last week of May the Mayor asked the Department to reinstate 3 million dollars in services previously cut from next years budget, including some mental health and substance abuse outpatient programs and adult dental care. Attachment A.

Dr. Katz learned late last night that SEIU 790, 250 and 535 (miscellaneous employees) overwhelmingly ratified the negotiated Union contract. As a result of the agreement with SEIU, members will pick up the 7.5 percent employee share of retirement, and DPH will restore the MHRF as a locked subacute facility for a year and retain City staffed laundry services.

Federal Tax Cut Includes Increase for Medicaid

Last week, the President signed a $350 billion tax cut and economic stimulus bill that includes $20 billion to address State fiscal relief, including a temporary increase to the Federal Matching Assistance Percentage (FMAP) for Medicaid. California's FMAP is expected to increase from 50% to 54.35% through State fiscal year 2004, resulting in approximately $1.29 billion in additional Medicaid funding. Increasing the FMAP results in a cost shift from the State to the federal government, but is not designed to provide relief to local jurisdictions. However, in instances where county funds are used to draw down the federal match, such as the distinct part nursing facility and hospital outpatient supplemental programs that San Francisco sponsored in the State Legislature over the past three years, the Department may be able to expect an increased federal share of approximately $2.2 million.

New Mom

Dr. Katz congratulated the Health Commission Executive Secretary, Michele Olson, who gave birth on Saturday to a baby boy, Harrison Francis Seaton. He weighed 8 lbs at birth and was 22 inches long. Harrison and Michele are home from the hospital and settling in, happy and healthy.

June 17th VIP Event

As mentioned in an earlier report, the Department of Public Health will be conducting a practice exercise at Bill Graham Auditorium, June 17, 2003 to test the City's ability to respond to a health emergency. During the exercise, DPH staff will set up a mass clinic to provide mock vaccinations to over 2,000 volunteers. Everyone is cordially invited to attend a special VIP briefing and tour of the exercise at 2:00 p.m. on June 17th.

Director of CDC Visits SFGH

Julie Louise Gerberding, MD, MPH, Director of the Centers for Disease Control and Prevention is in San Francisco for two weeks attending at San Francisco General Hospital. Dr. Gerberding served as Professor of Medicine at the University of California, San Francisco, before her appointment to the CDC. At noon today, Dr. Gerberding presented at SFGH Grand Rounds. Her lecture, *Twenty-First Century Public Health: Protection, Prevention and Health Promotion,* was very well received.

Graduate Student Award

Gloria Garcia-Orme, Director of Patient Relations at San Francisco General Hospital, was awarded the Graduate Student Award for Distinguished Achievement from San Francisco State University, where she received her Masters in Nursing. This is the highest honor that SFSU grants to graduate students and is in recognition of outstanding scholarship or creative work, professional activity, and service to the SFSU Nursing Department, college, and community.

CTR Program

On May 13th, the HIV counseling and testing program at Glide was the first government funded Counseling, Testing and Referral (CTR) program in California to provide HIV rapid testing. Glide's CTR program is funded by the Department and is one of several CTR programs around the State currently participating in the State Office of AIDS pilot of rapid testing. Following the evaluation of the pilot, the AIDS Office/HIV Prevention Section will work with the other Department funded CTR programs in San Francisco to prepare them for HIV rapid testing.

Public Comment

Benica Henry of Family Right and Dignity of the Coalition on Homelessness requested that the City consider accountability to families in the budget. There is funding available for housing and shelter

for other populations of single adults, but no funding for families. Families deserve their fair share of the budget, and currently receive the smallest portion of the budget.

Commissioners' Comments

- Commissioner Monfredini noted that the June 17 VIP briefing and tour of the health emergency practice exercise is scheduled for the same time as the Health Commission Budget Committee. She expressed her desire to attend the VIP event. Dr. Katz indicated his willingness to change the time of the briefing and tour to allow Commissioners to attend.

- Commissioner Sanchez noted that colleagues from San Francisco who move on to national roles frequently return for visits, such as Dr. Gerberding. He also congratulated Gloria Garcia-Orme on her award, and congratulated Commissioner Penn on his recent M.D. degree from UCSF.

- Commissioner Umekubo noted that in terms of the FMAP, California ranks 49th of all the states, and requested clarification on how the FMAP affects local communities. Dr. Katz responded that since Medicaid programs are State-Federal programs, as the Federal contribution increases, the State contribution decreases, providing relief to states, without affecting local communities. In California, there has been creative legislation to bypass the State, whereby local funds are used to match and draw down the federal portion of the funding. Does not mean a higher rate, just a larger proportion of the existing rate is Federal. Commissioner Umekubo followed up by asking if the State spends more on Medi-Cal, does it receive more in Federal funding? Dr. Katz responded in the affirmative.

- Commissioner Penn asked who will be evaluating the effectiveness of the mock vaccination exercise. Dr. Katz responded that DPW, SFFD, and SFPD will be monitoring the exercise, a survey of participants will be conducted to determine whether they understood the education provided to them, and finally, how many people can be "vaccinated" in one day during the exercise.

- Commissioner Umekubo asked whether there are any confirmed cases of SARS in San Francisco. Dr. Katz responded that there is still one probable case, and the Department is waiting for serum results. It is probable, because the patient fits the criteria for SARS. There have been no further imported or local cases.

5) PRESENTATION OF A RESOLUTION SUPPORTING SAN FRANCISCO WOMEN'S HEALTH PLAN

Barbara Garcia, Deputy Director of Health for Community Health Programs presented the Resolution "Supporting San Francisco Women's Health Plan". She noted that it was a follow-up to the Women's Health Report presented at the May 20, 2003 Health Commission meeting.

Action Taken: The Commission (Guy, Monfredini, Parker, Penn, Sanchez, Umekubo) approved Resolution #12-03, entitled "Supporting San Francisco Women's Health Plan: Partnering in Wellness with Women and Girls in San Francisco 2003-2006". Attachment B.

6) STATE BUDGET UPDATE

Colleen Johnson, Assistant Director of Policy and Planning, presented the State Budget Update.

Ms. Johnson noted that it is difficult to interpret the May Revise because it is not a full budget picture. It only includes the differences from the 2003-04 budget proposal the Governor released in January, and does not include much detail about the proposed changes. The summary included is the best information available at the time the report was prepared. Additional information has become available since, which is included in today's presentation.

The projected deficit represents an increased deficit of $3.6 billion over the January estimate. Since the release of Governor Davis' January Budget, the State economy and State General Fund (GF) revenues have generally followed the January forecast. However, expenditures related to caseload growth and Proposition 98 in addition to the cancellation of the sale of the second installment of the tobacco securitization bond ($2 billion) due to declining market conditions have increased the budget gap.

The impact on health services is less severe than DPH had anticipated, and less than the Governor proposed in January. DPH estimates that if the Governor's May Revise were adopted as proposed, the Department would lose approximately $13 million in State and Federal dollars for critical health services. This estimated is revised down by approximately $5 million as a result of clarifications in the May Revise. DPH did not budget these reductions into its fiscal year 2003-04 budget as the Mayor has created a reserve for additional reductions that may occur as a result of the State budget.

In January, the Governor proposed a Realignment II package that would have transferred $8.3 billion of State-funded health and human service programs to counties along with a dedicated revenue stream comprising income, tobacco and sales taxes to fund these programs. The May Revise proposes a scaled back realignment program, totaling $1.8 billion, effective July 1, 2003.

The revised Realignment II would dedicate revenues from two new taxes (a $0.23 cigarette tax in 2003-04, an additional $0.40 in 2004-05; and an additional 10.3% personal income tax bracket) to fund several social service programs and the following health programs at their current levels: AB 34/2034 ($20 million statewide) and the Children's System of Care ($55 million statewide). The DPH impact: DPH currently receives approximately $2.7 million for the mental health programs included in the Realignment II proposal for 2003-04 ($2.2 million in AB 2034 funding and $500,000 for Children's System of Care). Since Realignment II assumes that programs would be funded at existing levels, this proposal should have no fiscal impact.

Realignment is a crucial component of the structural reform on which the Governor predicated his budget. The Governor has requested that the Legislature consider the elements of Realignment II as originally proposed in his January budget during the remainder of their current legislative session for implementation in 2004-05. In addition to the two mental health programs the Governor includes in the May Revision to Realignment II, as noted above, there are several additional health programs that the Governor proposed in January:

- All of Medi-Cal Long Term Care (including all skilled nursing facilities and assumption of 100% of non-federal share of IHSS)

- Alcohol and Drug Programs (Drug Medi-Cal, drug court, Prop 36, and "non-Medi-Cal alcohol and other drug services)

- A new "Healthy Communities" realignment (15% Medi-Cal Share of Cost, Adolescent Family Life Program, Black Infant Health Program, Indian Health

Program, Local Health Department MCH Program, Expanded Access to Primary Care, Grants-in-Aid for Clinics Program, Rural Health Services Development Program, Seasonal Agricultural and Migratory Workers Program, County Health Managed Care Program, California Health Care for Indigents Program, Rural Health Services Program, Public Health Subvention)

Realignment can provide county Health Departments with flexibility to allocate funding based upon local needs. However, in order to be successful, the revenues provided in the first year of realignment must be at least as great as program expenditures. For future years, the revenue source must be stable with a growth rate that is equal to or greater than anticipated growth in the realigned programs. Further, it may be problematic to include both caseload-driven, mandated services with discretionary programs in a realignment package, as mandated programs with significant caseload growth can consume funding for discretionary programs.

Medi-Cal provider rate reductions continue at 15 percent as proposed in January. This is expected to save $1.4 billion ($720.5 million State GF). This reduction impacts fee-for-service, managed care (not including mental health managed care), and Family Pact. Reducing Medi-Cal rates has the potential to significantly impact access, quality of care, and the availability of care not only for Medi-Cal beneficiaries, but also for the uninsured.

In addition to the 15 percent rate reduction, the May Revise also contains a rate increase for long-term care facilities at an average of 3.8 percent. This increase, which is part of DPH's annual long-term care rate review and adjustment process, is estimated to increase State General Fund costs by $59.8 million. This partially mitigates the loss of reimbursement for long-term care services at Laguna Honda and San Francisco General resulting in a net decrease of approximately 11.2 percent and restoring approximately $1.7 million of the $6.3 million loss DPH had estimated was the result of the Governor's January budget proposal.

As is the case with long-term care rates, the May Revise contains a three percent rate increase for Medi-Cal managed care that will mitigate losses that result from the 15 percent rate reduction. This increase is estimated to increase State General Fund costs by $112.5 million, resulting in a net decrease for Medi-Cal managed care plans of approximately 12 percent. It is difficult to assess the impact of this proposal on DPH because it does not impact DPH directly but rather affects the San Francisco Health Plan, which may need to reduce reimbursement to providers like DPH. However, DPH estimates that this proposal would restore approximately $445,000 of the $2.2 million loss DPH estimated was the result of the Governor's January budget proposal.

In addition to being subject to the 15 percent provider rate reduction, the ADHC rate would be further reduced as a result of the Governor's proposal to "unbundle" some required services. Currently, ADHC providers are required to include specific service components in their programs and are paid one daily rate for all the services they provide. However, the May Revise proposes to "unbundle" the rate, remove speech therapy, physical therapy, occupational therapy, and transportation, and rebundle the services at a new, lower reimbursement rate. The therapies and transportation may then be billed separately subject to prior authorization. This proposal is estimated to save the State $18.8 million in General Fund. These additional rate reductions are anticipated to further reduce revenues for Laguna Honda's ADHC services by approximately $230,000.

The Governor's January budget proposed implementing quarterly status reports for adults in the Medi-Cal Program as of October 2003. The May Revise maintains this proposal, which assumes

that 193,123 adults will be dropped from coverage in 2003-04 due to ineligibility or failure to return the required forms, for a total savings of $85 million. As in all Medi-Cal programs, an equal loss in federal funding would also be lost, totaling $170 million. The vast majority of adults who would lose coverage as a result of quarterly status reports would otherwise be eligible for Medi-Cal at the time of their termination from the program.

Prior to May of this year, Medi-Cal beneficiaries were required to re-qualify for Medi-Cal on an annual basis. The mid-year reductions passed by the Legislature on May 1st, require families to submit forms twice yearly, starting August 1, 2003. The Legislature estimates that semi-annual reporting will achieve half of the savings ($85 million total and $42.5 million State GF), suggesting that approximately 97,000 enrollees statewide and 1,100 enrollees in San Francisco will lose their Medi-Cal coverage. If quarterly status reports were implemented, 2,176 San Franciscans would lose their Medi-Cal coverage and become uninsured. DPH estimates that this proposal would result in increased expenditures as a result of providing uncompensated care to the newly uninsured and decreased revenues from Medi-Cal for serving those who will become uninsured totaling approximately $2.5 million.

The May Revise maintains current eligibility levels for the 1931(b) Medi-Cal program, rescinding the January proposal to reduce eligibility under this program. Currently, low-income working parents qualify for Medi-Cal if their incomes do not exceed 100 percent of FPL. In January, the Governor proposed reducing income eligibility for this program to approximately 61 percent of FPL, which would have resulted in the loss of Medi-Cal coverage for 292,890 parents statewide and a savings of $236 million ($118 million State GF). The May Revise rejects this proposal and proposes maintaining the current program. Maintaining the 1931(b) Medi-Cal program ensures that 3,299 San Franciscans that rely on this program will retain their health insurance and DPH would avoid increased expenditures associated with caring for the newly uninsured and decreased revenues from Medi-Cal for serving those no longer eligible totaling approximately $3.8 million.

The Governor's January budget rescinded the Aged and Disabled Expansion Program and the May Revise continues to rely on this proposal to balance the State's budget. The Aged and Disabled Expansion Program allows persons with incomes between the SSI/SSP benefit level ($9,084 per year) and 133 percent of FPL ($11,943 per year) to receive Medi-Cal benefits with no share of cost. Rescinding this expansion would result in a share of cost for approximately 68,840 Medi-Cal beneficiaries statewide that have incomes above the SSI/SSP benefit level, resulting in reduced expenditures of $127.6 million (63.8 million State GF). The budget also includes resources to initiate an effort to increase enrollment of aged, blind and disabled beneficiaries into Medi-Cal managed care. While this proposal is estimated to impact approximately 750 Medi-Cal beneficiaries in San Francisco, the actual impact on DPH is unclear since it is the Administration's intention to shift the cost of care from the State to the patient, not the provider.

In January, the Governor proposed elimination of 18 optional Medi-Cal benefits. The May Revise restores four of these (non-emergency transportation, hospice, orthotics, prosthetics) and continues to rely on elimination of 14 optional benefits for a savings of $420 million ($210 million State GF) beginning in October 2003. However, because these beneficiaries are very low income, it is likely that they will be unable to pay their share of cost and DPH will provide services without this reimbursement. This proposal is estimated to reduce annual Medi-Cal revenues to DPH by approximately $500,000. The mid-year package of bills passed by the Legislature on May 1st modified the Medi-Cal dental benefits, mandating cost-saving measures, such as requiring documentation for certain claims and limiting the use of laboratory-processed crowns, for a savings of $101.6 million ($50.8 million State GF). DPH estimates that it will lose approximately $500,000

in Medi-Cal revenue as a result of the elimination of these 14 optional benefits, primarily as a result of the elimination of adult dental services.

The May Revise provides $69 million in federal funds to offset reimbursable mandates to counties for AB 3632 services. However, counties estimate the cost of providing these services is approximately $120 million and growing. The federal Individuals with Disabilities Education Act passed in 1975, required state education agencies to provide mental health assessments and services to students with disabilities. AB 3632, passed in 1984, transferred responsibility for providing these mental health services from local education agencies to local mental health agencies. This mental health program is known as the AB 3632 program and is an entitlement program, paid for through the SB 90 State mandates reimbursement process. There has been a disagreement between the State and counties in recent years as to whether counties are entitled to reimbursement for treatment services provided under AB 3632 at 100 percent of cost or 10 percent of cost. This budget proposal is seen by some as the State's acknowledgement that counties may be entitled to more than 10 percent of cost. Because counties believe that the State is required to fully fund this program and because this proposal only funds one-half of the projected cost, the impact of this budget proposal is unclear. DPH currently receives approximately $1.4 million for this program each year and believes that it will continue to receive this amount in 2003-04.

The May Revise continues to propose reducing rates for Mental Health Managed Care by ten percent. These funds are used to pay for private providers and private fee-for-service inpatient hospital services. A ten percent reduction to Mental Health Managed Care would result in a reduced allocation to DPH of approximately $365,000, which would have been eligible for a federal Medicaid match of an additional $365,000, for a total loss of $730,000.

The May Revise reduces State discretionary funding for alcohol and drug services, by $11.5 million in State General Fund, bringing total discretionary alcohol and drug spending down to $5.8 million. DPH estimates that this would reduce its funding by $308,000.

The Governor's January budget provided only $2.3 million in new State funds for ADAP and proposed raising an additional $7.2 million from co-payments to be paid by ADAP clients. The Governor proposed co-payments of $30 to $50 per prescription per month for individuals earning over 200% of the federal poverty level ($17,960 for an individual). The budget also proposed to establish a waiting list to address the remaining $16 million shortfall in the program. The Governor's May Revise, however, reduces the co-payments to between $5 and $15 and adds additional funding to the program, reducing the ADAP shortfall to $13 million. Despite these improvements, advocates remained concerned about the potential impact of the co-payments as well as insufficient funding for the program. Institution of co-payments for ADAP is not expected to have a direct financial impact on DPH since co-payments represent a shift of cost from the State to the patient. The only impact on DPH would be increased administrative burden that would result from collecting these new co-payments.

Having removed the California Healthcare for Indigents Program (CHIP) from the revised Realignment II proposal, the May Revise proposes a major reduction in CHIP funding for fiscal year 2003-04, citing reduced tobacco tax revenues. Proposition 99 provides funding for CHIP, among other programs, through a 25-cent tax on cigarettes and tobacco products. CHIP provides funds to counties, hospitals and physicians for uncompensated care to the medically indigent. It is estimated that DPH will lose approximately $1.7 million in funding for CHIP as a result of the Governor's proposal. This represents a 52% reduction compared to fiscal year 2002-03 levels.

The Governor's May Revision suspends 34 state-mandated local programs for 2003-04. Suspension alleviates the responsibility of local governments to provide the service, as well as the State to reimburse for them. The May Revision also indicates that the Governor will pursue legislation to repeal 27 of the 34 deferred mandates beginning in fiscal year 2004-05. There are five mandates that relate to health and mental health, all of which the Governor intends to repeal in 2004-05. This was the least clear component of the Governor's budget. In mental health, the programs proposed for suspension and, ultimately, repeal, are significant and DPH is not sure if it is the Governor's intention to suspend the entire categories of service or just a portion of those categories. DPH currently receives a total of $5.3 million for the State-mandated local programs scheduled for suspension and, ultimately, repeal. (Short-Doyle Case Management, $2.7 million; Residential Care Services, $2.6 million, SIDS Contacts, $300.) If the mandate were suspended, DPH would lose this revenue.

The May Revise relies heavily upon the Legislature's passage of the budget by the constitutional deadline of June 15th. If California does not have a budget by the beginning of the fiscal year on July 1st, Wall Street may no longer consider California an acceptable credit risk and the State may no longer have the ability to borrow to bridge the deficit. Adding further pressure to the State to pass an on-time budget, the State Controller estimates that California will run out of cash to pay its bills by the end of the summer and the California Supreme Court ruled on May 1st that State employees could be paid only minimum wage if no budget was in place by the beginning of the fiscal year.

This work may also be done by the State's elected leaders, together called the Big Five, comprising the Governor, the President pro Tempore of the Senate, the Speaker of the House, the Senate Minority Leader and the Assembly Minority Leader. Once an agreement is reached, the full membership of each house will vote on the final budget bill.

In addition to the fiscal authority provided in the budget bill, statutory changes are often required to implement changes proposed in the budget by the Governor or the Legislature. Separate bills, called "trailer bills" are introduced to implement these changes and are heard concurrently with the budget bill.

Passage of the budget requires a two-thirds vote in each house. Assuming all Democrats vote together, two Republican Senate votes and six Republican Assembly votes will be needed. Once the budget is passed by the Legislature, the Governor has 12 working days to sign or veto the budget bill. The Governor also has the authority to "blue pencil" (reduce or eliminate) any item contained in the budget. The Governor cannot, however, blue pencil trailer bill language. The budget bill and its trailer bills become law as soon as they are signed by the Governor.

Commissioners' Comments

- Commissioner Monfredini asked whose idea it was to move the debt forward by borrowing. Ms. Johnson replied that the Republicans are supporting this plan, but only through existing taxes. They would not support new taxes to service the debt.

- Commissioner Monfredini asked what happens if Governor Davis does not sign the budget within the 12 days. Ms. Johnson responded that the bill would become law without his signature, but he would lose the ability to use his blue pencil for any budget line item vetoes.

- Commissioner Monfredini asked whether the recall effort will affect the budget process. Ms. Johnson replied in the negative, indicating that she is not aware of when that election would occur if the petition drive is successful, but that election would include all of the candidates for governor as well as the question of whether to recall.

- Commissioner Guy asked about the impact of the State budget on Laguna Honda operations. Dr. Katz responded that the City maintains reserves to deal with the State budget. If the current budget passes the Department is okay. If the State budget does not include the proposed tax increases, the City does not have sufficient reserves.

- Commissioner Umekubo noted that providers have been active and vocal in their opposition to the provider rate cut, and he is encouraged to see that there have been some successes with this issue.

7) SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

Tony Wagner, Chief Executive Officer of Hospital Systems, presented the San Francisco General Hospital Rebuild Update.

Mr. Wagner presented the background of the rebuild effort, noting the SB 1953 requires that all California acute care hospitals must meet new seismic safety standards by either retrofitting existing buildings or by rebuilding a new hospital by 2013. The planning process to date has included:

- Phase I: Exploratory Phase
- Phase II: Long Range Service Delivery Plan (LRSD)
- Phase III: Institutional Master Plan (IMP)
- Phase IV: Collocation Feasibility

Mr. Wagner noted that Phase I focused on the meeting of the SB 1953 mandate. The Health Commission approved Resolution #1-01 in January 2001, entitled: "Supporting the Rebuilding of San Francisco General Hospital", supporting the rebuild of SFGHMC by 2013. A seven-week planning process was initiated to explore the feasibility and cost of rebuilding.

Phase II was initiated in January 2002 to develop a long-range service delivery plan for the City's public health safety net system as it impacts the rebuilding of SFGHMC. The LSRD program recommendations include:

- Initiate discussions with the UCSFMC to explore opportunities to partner or collocate SFGHMC and UCSFMC at Mission Bay.
- Concurrently explore options for rebuilding SFGHMC at the current Potrero site.
- Incorporate best practices for moving ambulatory care services out of the hospital and into the community.
- Expand the SFGHMC Level I Trauma Service and develop a medical air transport system.
- Explore opportunities to collaborate with UCSFMC on a Mothers' and Children's Hospital.

Phase III began in July 2002 with the goals to: 1) Ensure that the facility plans stay true to the vision of the LRSD program goals, and 2) Interpret SFDPH strategic healthcare planning objectives into forward thinking healthcare delivery concepts. The key planning components for services include: acute care, trauma/ED, behavioral health, outpatient services, research and education, and a mothers' and children's hospital. The team examined various configurations at both sites, and developed 41 possible scenarios. All potential options were considered. The 41 scenarios were evaluation based on criteria, including: patient access to care, adjacency to critical services, adjacency of diagnostic and treatment and support services, staffing efficiencies, adjacencies supporting academic medical center's mission, and access to research space.

IMP outreach was designed to:

- Inform relevant stakeholders about the Rebuild planning.
- Receive input from stakeholders to be used in the Rebuild planning process.
- Provide presentations to a wide variety of audiences, including DPH staff, neighbors, consumers, and citywide groups.
- Afford stakeholders the opportunity to comment on the product of each phase: scenarios, concepts, preferred concept.
- Present stakeholders input along with the product of each phase to the Steering Committee and the Health Commission.

Approximately 228 attendees were present at 12 meetings.

Questions and concerns raised through these presentations included:

- Will the rebuild take funds from existing services?
- Would UCSF be as hospitable as SFGH?
- Lack of coordination between hospitals/duplication of services.
- Mission Bay is too far away.
- Mission Bay is contaminated landfill.
- Burial mounds exist at Mission Bay.
- Helipad if Rebuild is at Potrero.

Findings from these presentations include:

- Most people are favorably disposed to the rebuild.
- Low attendance at some presentations suggests that the Rebuild is not a top priority.
- Little distinction is made between acute care and clinical services.

Stakeholder conclusions include:

- Consumers prefer the Potrero site
- Citywide groups would like to see more coordination with UCSF and other hospitals
- Neighbors may oppose the Rebuild at the Potrero site due to the helipad.

Next steps will include focusing outreach for the next phase on encouraging people to attend the Combined Advisory Committee (CAC) meetings, recruiting representatives for the CAC from additional neighborhoods, and adapting the presentation to address consumer interests and concerns more clearly.

The process of Phase IV, Collocation, included the objective to define the best-case scenario for collocation, and was jointly pursued by both UCSF and SFGH. There are significant differences in the missions and financial support mechanisms for both institutions: SFGH/DPH provides care for all funded largely through public sources. UCSF includes education and research, and the medical center is self-funding. Governance and fiduciary responsibility is non-negotiable; a single, fully integrated institution is not possible at this time. No exact national model exists; Bellevue/NYU and Harborview/UW are close, but not exact.

The best-case scenario practically for collocation would be two adjacent hospitals with a single ED/trauma center on the SFGH side and single children's service on the UCSF side. There could be some shared ancillary and support services with long-term flexibility to share built into the campus plan. The conclusion is that unless substantive advantages to collocation can by identified for UCSF Medical Center, collocation is not an option for SFGH.

Mr. Wagner presented two recommendations:

- No further collocation discussions are indicated at this time.
- Three scenarios should be further developed into design concepts:
    - An acute care hospital, Level I trauma center and outpatient services be located on the Potrero site.
    - An acute care hospital, Level I trauma center and outpatient services be located on the Mission Bay site.
    - An acute care hospital and Level I trauma center be located on the Mission Bay site with outpatient services at the Potrero site.

Commissioners' Comments

- Commissioner Umekubo asked whether scenario two is stand-alone or collocation with UCSF. Mr. Wagner responded that currently it is stand-alone. The medical staff indicated that they prefer to rebuild at Mission Bay whether stand-alone or collocation. Dr. Katz added that this arises from the medical faculty as it would give them more access to research facilities since UCSF is more likely to build additional research facilities at Mission Bay than they are at the current SFGH Campus.
- Commissioner Umekubo asked about land availability at Mission Bay. Mr. Wagner responded that there are 24 acres available at Mission Bay. The Department does not own the property at Mission Bay as it does at Potrero.
- Commissioner Parker expressed his respect for the process, noting that it takes time to consider everyone's input, and expressed the need to keep up the pace. He noted that with partnerships, all partners' liability increases, and the Department has a need to control its own mission and destiny. We've been bending over backward to make everyone happy, which it's clear we can't do, and we need to move forward. There is no luxury to procrastinate. With this in mind, he recommended:
    - Rebuilding SFGH at the Potrero site
    - Maintaining the trauma center at Potrero

- Establishing a helipad at Potrero
- Maintaining the UCSF affiliation
- Finalizing the design for needed facilities
- Developing the cost analysis and plan
- Presenting a very clear and confident plan regarding the chosen scenario

Ultimately, the voters and Board of Supervisors will have the last voice in this. It's important that when this goes to the Board and voters that DPH be clear about the reasons for our choice, and that they have sufficient time for review and comment. The Department also needs time to develop the bond initiative.

- Commissioner Sanchez thanked the staff for listening to the different voices in preparing this report. The Department needs to make a decision to move. Mission Bay consists of three different worlds: basic research, clinical research, and applied. The mission for the Department and SFGH is clear. We need to stay the course, our doors are always open, and we need to move on.

- Commissioner Monfredini supports the rebuild at Potrero. She indicated that she can't imagine how the Department would afford the property at Mission Bay, and it already owns the property at Potrero.

- Commissioner Penn expressed two concerns: 1) Convincing people that the bond measure makes sense. DPH needs to make a strong case of why this needs to happen, 2) Feasibility of Mission Bay is next to impossible. Purchase price of the land alone makes it impossible.

  A fundamental issue is to what extent does DPH value the research enterprise at SFGH and keep it the same or increase it in the future. The Department wants to maintain a positive relationship with UCSF, and while that won't change, the Department needs to be mindful of it. DPH's mission is different from UCSF. He suggested: 1) that DPH know how many faculty are at SFGH who have laboratory space and do research, and the square footage of lab space at SFGH, and 2) what percentage of SFGH staff also have appointments at UCSF. Mr. Wagner responded that the Department can't take for granted the passage of the bond issue. The Department needs to make a cogent case that answers all of the public's questions. DPH needs to go through a similar process as was done with the Laguna Honda rebuild. He additionally noted that research enriches UCSF. DPH can't ignore this, even though it's not part of the funding currently. He does have the two pieces of information Commissioner Penn requested and can provide it.

- Commissioner Umekubo asked under scenario two, what happens with the Potrero site. Mr. Wagner responded that the Department could bring much of its far-flung programs to the campus.

- Commissioner Umekubo asked about a timetable for the final decision. Mr. Wagner responded that by October DPH needs to have a concept on which it can move forward. By July 2004, it needs to have the okay to move ahead with the bond issue.

- Commissioner Umekubo commended the staff for doing its due diligence. Dr. Katz responded that the process has been useful in the collocation discussions. For the EIR, it is important that more than one viable site be considered, and the Department will need to show it has done its due diligence in investigating other siting. Mission Bay represents the only available land mass with the Department's service area. He did note, however, the challenge of running a hospital

while also building a hospital at the same site. The process demands that it is not by intuition or history that we end up at that site, but that we've looked at a number of viable sites, and chosen the most viable.

- Commissioner Guy reported that Commissioner Chow relays his support in pursuing the three recommendations. Commissioner Guy also expressed her support to move in this direction. DPH needs to get out all of the questions as to these options as the timing is now getting narrower. She thanked the staff, and particularly Mr. Wagner, for leading the Department into the next decade. She added that community relations need to be strategic also. The broader Mission community also needs to be considered, not just the area around the current Potrero site. Mr. Wagner responded that there are plans to engage the wider community.

- Commissioner Sanchez noted the need to engage key supporters for the bond issue, including the UCSF academic faculty. Mr. Wagner responded that the SFGH Foundation will be key to making those connections.

- Commissioner Parker asked that given the fall timeline, will DPH need to collect more data, or is that data available, and can the Department keep on schedule. Mr. Wagner responded that the staff has components of the needed data, and needs direction from the Health Commission regarding which scenarios to develop. He indicated that staff has enough time to complete its work on time. He added that research is most key; the medical staff will support the rebuild if research stays on Campus, which is possible on the existing Potrero Campus. The August 19 Health Commission meeting will provide a preliminary update on the concepts, but is not the final decision point.

- Commissioner Guy thanked the staff for including the letter from UC in the Commission packets, as it helps to answer many of the public's concerns.

8) PUBLIC COMMENTS

There were no public comments.

9) ADJOURNMENT

The meeting was adjourned at 5:30 pm.

Jim Soos
Acting Executive Secretary
to the Health Commission

Attachments (2)

Section	Agency Name	Program Name or Type	Gen Fund Original Cut	General Fund Reinstatement	Revenue Reinstatement	Total Program Reinstatement
PC	Primary Care	Dental	$289,726	$289,726	$376,289	$666,015
CSAS	Potrero Hill Neighb	ZAP Intensive OP	$44,987	$44,987		$44,987
CSAS	Potrero Hill Neighb	Intensive Outpatient Tx	$244,711	$194,711		$194,711
CSAS	Haight Ashbury Fre	Outpatient Tx-Glide	$367,177	$367,177		$367,177
CMHS	Bayview Hunter's Point Foundation-Thunderseed	Day Treatment	$447,478	$332,964	$247,109	$580,073
CSAS	NOM-Sobriety Cent	Secondary Prevention	$88,219	$88,219		$88,219
CSAS	NOM-Women's Out	Secondary Prevention	$81,013	$81,013		$81,013
CSAS	AARS-Lee Woodwa	Outpatient Tx	$274,827	$224,827		$224,827
CMHS	Progress Foundatio	Day Tx & convert 12 res beds to Supp. Hsg	$386,376	$226,376	$394,711	$621,087
CMHS	Baker Places	Misc.		$150,000		$150,000
			$2,224,514	$2,000,000	$1,018,109	$3,018,109

	Index Code	General Fund	Revenue	Comments
CSAS	HMHSCCRES227	$1,710,274		
CMHS	HMHMCC730515-45416		$641,820	(Short Doyle MediCal, S/0 45416)
	Dental-multiple	289,726	376289	
	Dental rev-multiple		$0	
	Total	$2,000,000	$1,018,109	

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-03

SUPPORTING THE WOMEN'S HEALTH PLAN: PARTNERING IN WELLNESS WITH WOMEN AND GIRLS IN SAN FRANCISCO 2003-2006

WHEREAS, the mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans; and,

WHEREAS, women present particular physiological concerns, experience disease and treatment differently from men and exhibit gender based health disparities; and,

WHEREAS, the health of women and girls is jeopardized by preventable illness, poverty, lack of access to health insurance coverage, violence, social inequity, environmental and occupational hazards, chronic illness, inadequate access to health care, insufficient research data and unhealthy lifestyles; and,

WHEREAS, the health of our families and communities is inextricably entwined with the health of women given their multiple social roles as caregivers, breadwinners, mothers, partners and health care decision makers; and,

WHEREAS, the San Francisco Department of Public Health in its current Strategic Plan emphasizes prevention of disease and injury, promotion of community partnerships, facilitation of access to care, cost efficiency and focus on target populations; and,

WHEREAS, the City and County of San Francisco enacted in 1998 local health principles in an ordinance affirming for women the right to access adequate health care and facilities, and the elimination of discrimination against women and girls in the field of health care in accordance with the principles underlying the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); and,

WHEREAS, the Office of Women's Health of the San Francisco Department of Public Health completed the Women's Health Plan on May 12, 2003 and presented it to the Health Commission on May 20, 2003; and,

WHEREAS, the Women's Health Plan provides a four-year strategic guide for the improvement of health and the maintenance of wellness for women and girls in San Francisco; and,

WHEREAS, the Women's Health Plan emphasizes provision of gender specific, culturally competent, accessible, science based, coordinated health care services to women and girls in a manner that encourages their partnership; and,

WHEREAS, the Women's Health Plan also emphasizes community partnership, consumer and provider education, intra Department of Public Health collaboration, and prevention and early screening; and,

WHEREAS, the Women's Health Plan outlines six core recommendations, presents multiple strategies for the achievement of these recommendations and will be evaluated in 2007; now, therefore, be it

RESOLVED, the Health Commission of the City and County of San Francisco accepts the Women's Health Plan as presented to them on May 20, 2003 and commends the Office of Women's Health for its issuance; and, be it

FURTHER RESOLVED that the Health Commission directs the Department of Public Health to implement the Women's Health Plan as presented to them on May 20, 2003.

I hereby certify that the San Francisco Health Commission at its meeting of June 3, 2003 adopted the foregoing resolution.

Jim Soos
Acting Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

JUN 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 17, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF JUNE 3, 2003**
**Minutes of June 3, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP-AIDS Office** – Request for approval to accept and expend retroactively Year-2 funds for a subcontract from the Regents of the University of California, San Francisco, Office of Research Administration, in the amount of $71,992, for a collaborative study of prevention for HIV-positive persons, for the period of September 30, 2002 to September 29, 2003.
** Calendaring request memo, Grant information form, Budget pages*

(3.2) **PHP-AIDS Office** – Request for approval to retroactively accept and expend subcontract funds from the Public Health Foundation, Inc., in the amount of $127,961, to reduce sexual risk for HIV transmission in substance-using men who have sex with men, for the period of September 1, 2002 to August 31, 2003.
* *Calendaring request memo, Grant information form, Budget pages*

(3.3) **PHP-AIDS Office** – Request for approval of a renewal contract with Lavender Youth Recreation and Information Center, in the amount of $141,000, to provide HIV prevention services targeting youth, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **PHP-AIDS Office** – Request for approval of a renewal contract with Stop AIDS Project, in the amount of $875,871, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **PHP-AIDS Office** – Request for approval of a renewal contract with Larkin Street Youth Services, in the amount of $190,968, to provide HIV prevention services targeting homeless and runaway adolescents and young adults ages 13-23, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Response letter, Monitoring report summary, Agency response to monitoring report, Client demographic information form*

(3.6) **PHP-AIDS Office** – Request for approval of a renewal contract with Westside Community Mental Health Inc., in the amount of $135,302, to provide HIV prevention services to female African American injection drug users, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.7) **PHP-AIDS Office** – Request for approval of a contract renewal with Aguilas Inc., in the amount of $334,418, to provide HIV prevention education services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Financial management review cover sheet and letter, Client demographic information form*

(3.8) **PHP-AIDS Office** – Request for approval of a renewal contract with Black Coalition on AIDS, in the amount of $144,169, to provide HIV prevention education services targeting the African American high-risk population, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.9) **PHP-AIDS Office** – Request for approval of a renewal contract with Iris Center, in the amount of $212,137, to provide HIV prevention services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.10) **PHP-AIDS Office** – Request for approval of a renewal contract with Harm Reduction Coalition, in the amount of $157,337, to provide harm reduction training services targeting HIV prevention service providers, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report letter and summary, Client demographic information form*

(3.11) **PHP-AIDS Office** – Request for approval of a renewal contract with Haight Ashbury Free Clinic, Inc., in the amount of $605,727, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.12) **PHP-AIDS Office** – Request for approval of a contract renewal with San Francisco AIDS Foundation HIV Prevention Project, in the amount of $591,696, to provide HIV prevention and needle exchange services targeting injection drug users, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.13) **PHP-AIDS Office** – Request for approval of a renewal contract with San Francisco AIDS Foundation, in the amount of $282,194, to provide HIV prevention services targeting men who have sex with men, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.14) **PHP-AIDS Office** – Request for approval of a renewal contract with South of Market Health Center, in the amount of $128,801, to provide HIV prevention services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring memo, Monitoring report summary, Client demographic information form*

(3.15) **PHP-AIDS Office** – Request for approval of a renewal contract with Tenderloin AIDS Resource Center, in the amount of $478,226, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report response letter and summary, Client demographic information form*

(3.16) **PHP-AIDS Office** – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $513,930, to provide HIV prevention services targeting behavioral risk groups, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.17) **CBHS-Substance Abuse** – Request for approval of a contract renewal with San Francisco State University, in the amount of $90,000 per year, for a total contract amount of $403,200, to provide professional substance abuse counselor training and certification services, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Corrective action plan and letter, Demographic information form*

(3.18) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Youth Leadership Institute, in the amount of $271,787 per year, for a total contract amount of $1,087,148, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.19) **CBHS-Mental Health/Substance Abuse** – Request for approval of a contract renewal with San Francisco Suicide Prevention, in the amount of $413,284 per year, for a total contract amount

of $1,653,136, to provide counseling, prevention, case management services, targeting high risk clients, for the four-year period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.20) **CBHS-Mental Health** – Request for approval of a contract modification with San Francisco Mental Health and Education Funds, Inc., as fiscal agent for the San Francisco Mental Health Board, in the amount of $72,399 per year, for a total contract value of $719,991, to provide Police Crisis Intervention Training services, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo and attachment, Monitoring report summary*

(3.21) **CBHS-Mental Health** – Request for approval of a contract renewal with Continuum HIV Day Services, in the amount of $98,000 per year, for a total contract amount of $392,000, to provide adult mental health services targeting HIV-positive adult residents of San Francisco with severe mental health diagnoses, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.22) **CBHS-Mental Health** – Request for approval of a retroactive sole source contract modification with Alameda County Health Care Service Agency, in the amount of $500,838 per year for two years, for a total contract amount of $4,302,636, to provide fiscal management services and access to 24-hour skilled nursing neuro-behavioral care and adolescent sub-acute mental health services targeting individuals with Organic Brain Syndrome impairment, for the period of July 1, 2000 through June 30, 2004.
** Calendaring request memo, Client demographic information form, Letters from vendor, Letter from Program Monitor*

(3.23) **CBHS-Mental Health** – Request for approval of a contract renewal with California Medivan, dba MV Transportation, in the amount of $79,540 per year, for a total contract value of $356,339, to provide back-up emergency transportation services to Psychiatric Emergency Services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.24) **CBHS-Mental Health** – Request for approval of a contract renewal with Oakes Children's Center, in the amount of $494,016 per year, for a total contract amount of $2,213,192, to provide psychiatric day care services targeting children ages 4 through 13, for the period of July 1, 2003 through June 30, 2007
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.25) **CBHS-Housing and Urban Health** – Request for approval of a contract modification with Mission Housing Development Corporation, in the amount of $50,000, for a contract total of $300,000, to partially cover the cost of remediation of a bedbug infestation at the Altamont Hotel serving 88 formerly homeless clients, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.26) **CHSS-Immunizations** – Request for approval of a retroactive sole source contact renewal with North East Medical Services, in the amount of $53,218, to provide immunization project services targeting children 0-4 years old, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.27) **CHSS-STD Prevention & Control** – Request for approval of a new contract with Public Health Foundation Enterprises, Inc., in the amount of $220,000, to provide fiscal agency services for the STD Prevention and Control Section-Syphilis Prevention Program, targeting high-risk men who have sex with men, for the period of July 1, 2003 through December 31, 2004.
* *Calendaring request memo, Client demographic information form*

(3.28) **CHN-Primary Care** – Request for approval of a contract renewal with Mission Neighborhood Health Center, in the amount of $191,615, to provide primary care services to medically indigent adults residing in the Mission District, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.29) **CHN/SFGH & LHH Facilities** – Request for approval of sixteen new contracts with the following fourteen firms: Acker & Guerrero Roof Co., Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly Inc., William Decker & Co., Elischer Construction, Inc., Floortrends Inc., Monticelli Painting & Decorating, Robert Poyas, Inc., Pribuss Engineering, Inc., Sabel Painting Co., Sierra Electric Co., The Shooter Co. and United California Glass Co., in the combined amount of $1,785,000, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline Civil Service staffing, for the period of July 1, 2003 through June 30, 2005.
**Calendaring request memo, Rate pages, Monitoring report summaries*

(3.30) **CHN-SFGH Pharmacy** – Request for approval of a new contract with Pharmaceutical Care Network, in the amount of $200,000 for third party administrator services, and $1,200,000 pass-through pharmacy dispensing fees to Rite Aid Corporation and AG Pharmacy targeting CHN indigent clients, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.31) **CHN-SFGH** – Request for approval of a Board of Supervisors resolution for a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Letter from Controller, Comparative Cost page, Prop J Questionnaire, Resolution*

(3.32) **CHN** – Request for approval to enter into a revised contract with the San Francisco Health Plan (SFHP) to continue the Department of Public Health's participation with SFHP as a Medi-Cal, Healthy Families, Healthy Workers and Healthy Kids provider with reduced administrative obligations commencing July 1, 2003 for a one year term with automatic renewal.
* *Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE**

6) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF A RESOLUTION SUPPORTING THE STRATEGIC PLAN OF THE SAN FRANCISCO ASTHMA TASK FORCE TO PROMOTE EFFECTIVE ASTHMA MANAGEMENT AND PREVENTION STRATEGIES FOR SAN FRANCISCO**
(Karen Cohn, Program Manager, Children's Environmental Health Promotion)
**Resolution*

7) **FOR DISCUSSION:** **PRESENTATION OF THE HEALTHY KIDS, HEALTHY FAMILIES, AND MEDI-CAL FOR CHILDREN UPDATE**
(Jim Soos, Senior Health Planner; and Frances Culp, Health Planner, Office of Policy and Planning)
**Update*

8) **FOR DISCUSSION:** **PRESENTATION OF BEHAVIORAL HEALTH REPORT**
(Bob Cabaj, M.D., Director, Community Behavioral Health Services)
**Report*

9) **PUBLIC COMMENTS**

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
JUN 25 2003
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, June 17, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Commission was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF JUNE 3, 2003

Action Taken: The Commission approved the Minutes of the June 3, 2003 meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioners Penn and Umekubo attended, the Budget Committee meeting.

(3.1) **PHP-AIDS Office** – Request for approval to accept and expend retroactively Year-2 funds for a subcontract from the Regents of the University of California, San Francisco, Office of Research Administration, in the amount of $71,992, for a collaborative study of prevention for HIV-positive persons, for the period of September 30, 2002 to September 29, 2003.

Commissioner Sanchez abstained from voting on this item.

(3.2) **PHP-AIDS Office** – Request for approval to retroactively accept and expend subcontract funds from the Public Health Foundation Enterprises, Inc., in the amount of $127,961, to reduce sexual risk for HIV transmission in substance-using men who have sex with men, for the period of September 1, 2002 to August 31, 2003.

Commissioner Umekubo abstained from voting on this item.

(3.3) **PHP-AIDS Office** – Request for approval of a renewal contract with Lavender Youth Recreation and Information Center, in the amount of $141,000, to provide HIV prevention services targeting youth, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.4) **PHP-AIDS Office** – Request for approval of a renewal contract with Stop AIDS Project, in the amount of $875,871, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.5) **PHP-AIDS Office** – Request for approval of a renewal contract with Larkin Street Youth Services, in the amount of $190,968, to provide HIV prevention services targeting homeless and runaway adolescents and young adults ages 13-23, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.6) **PHP-AIDS Office** – Request for approval of a renewal contract with Westside Community Mental Health Inc., in the amount of $135,302, to provide HIV prevention services to female African American injection drug users, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.7) **PHP-AIDS Office** – Request for approval of a contract renewal with Aguilas Inc., in the amount of $334,418, to provide HIV prevention education services, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.8) **PHP-AIDS Office** – Request for approval of a renewal contract with Black Coalition on AIDS, in the amount of $144,169, to provide HIV prevention education services targeting the African American high-risk population, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.9) **PHP-AIDS Office** – Request for approval of a renewal contract with Iris Center, in the amount of $212,137, to provide HIV prevention services, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.10) **PHP-AIDS Office** – Request for approval of a renewal contract with Harm Reduction Coalition, in the amount of $157,337, to provide harm reduction training services targeting HIV prevention service providers, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.11) **PHP-AIDS Office** – Request for approval of a renewal contract with Haight Ashbury Free Clinic, Inc., in the amount of $605,727, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.12) **PHP-AIDS Office** – Request for approval of a contract renewal with San Francisco AIDS Foundation HIV Prevention Project, in the amount of $591,696, to provide HIV prevention and needle exchange services targeting injection drug users, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.13) **PHP-AIDS Office** – Request for approval of a renewal contract with San Francisco AIDS Foundation, in the amount of $282,194, to provide HIV prevention services targeting men who have sex with men, for the period of July 1, 2003 through June 30, 2004.

(3.14) **PHP-AIDS Office** – Request for approval of a renewal contract with South of Market Health Center, in the amount of $128,801, to provide HIV prevention services, for the period of July 1, 2003 through June 30, 2004.

Postponed for 30 or 60 days.

(3.15) **PHP-AIDS Office** – Request for approval of a renewal contract with Tenderloin AIDS Resource Center, in the amount of $478,226, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.

(3.16) **PHP-AIDS Office** – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $513,930, to provide HIV prevention services targeting behavioral risk groups, for the period of July 1, 2003 through June 30, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.17) **CBHS-Substance Abuse** – Request for approval of a contract renewal with San Francisco State University, in the amount of $90,000 per year, for a total contract amount of $403,200, to provide professional substance abuse counselor training and certification services, for the period of July 1, 2003 through June 30, 2007.

Commissioner Guy abstained from voting on this item.

(3.18) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Youth Leadership Institute, in the amount of $271,787 per year, for a total contract amount of $1,087,148, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2003 through June 30, 2007.

(3.19) **CBHS-Mental Health/Substance Abuse** – Request for approval of a contract renewal with San Francisco Suicide Prevention, in the amount of $413,284 per year, for a total contract amount of $1,653,136, to provide counseling, prevention, case management services, targeting high risk clients, for the four-year period of July 1, 2003 through June 30, 2007.

(3.20) **CBHS-Mental Health** – Request for approval of a contract modification with San Francisco Mental Health and Education Funds, Inc., as fiscal agent for the San Francisco Mental Health Board, in the amount of $72,399 per year, for a total contract value of $719,991, to provide Police Crisis Intervention Training services, for the period of July 1, 2002 through June 30, 2003.

(3.21) **CBHS-Mental Health** – Request for approval of a contract renewal with Continuum HIV Day Services, in the amount of $98,000 per year, for a total contract amount of $392,000, to provide adult mental health services targeting HIV-positive adult residents of San Francisco with severe mental health diagnoses, for the period of July 1, 2003 through June 30, 2007.

(3.22) **CBHS-Mental Health** – Request for approval of a retroactive sole source contract modification with Alameda County Health Care Service Agency, in the amount of $500,838 per year for two years, for a total contract amount of $4,302,636, to provide fiscal management services and access to 24-hour skilled nursing neuro-behavioral care and adolescent sub-acute mental health services targeting individuals with Organic Brain Syndrome impairment, for the period of July 1, 2000 through June 30, 2004.

(3.23) **CBHS-Mental Health** – Request for approval of a contract renewal with California Medivan, dba MV Transportation, in the amount of $79,540 per year, for a total contract value of $356,339, to provide back-up emergency transportation services to Psychiatric Emergency Services, for the period of July 1, 2003 through June 30, 2004.

(3.24) **CBHS-Mental Health** – Request for approval of a contract renewal with Oakes Children's Center, in the amount of $494,016 per year, for a total contract amount of $2,213,192, to provide psychiatric day care services targeting children ages 4 through 13, for the period of July 1, 2003 through June 30, 2007

(3.25) **CBHS-Housing and Urban Health** – Request for approval of a contract modification with Mission Housing Development Corporation, in the amount of $50,000, for a contract total of $300,000, to partially cover the cost of remediation of a bedbug infestation at the Altamont Hotel serving 88 formerly homeless clients, for the period of July 1, 2002 through June 30, 2003.

(3.26) **CHSS-Immunizations** – Request for approval of a retroactive sole source contact renewal with North East Medical Services, in the amount of $53,218, to provide immunization project services targeting children 0-4 years old, for the period of July 1, 2002 through June 30, 2003.

(3.27) **CHSS-STD Prevention & Control** – Request for approval of a new contract with Public Health Foundation Enterprises, Inc., in the amount of $220,000, to provide fiscal agency services

for the STD Prevention and Control Section-Syphilis Prevention Program, targeting high-risk men who have sex with men, for the period of July 1, 2003 through December 31, 2004.

Commissioners' Comments

- The Commission requested a 6 months follow-up to the Population Health and Prevention Joint Conference Committee.

(3.28) **CHN-Primary Care** – Request for approval of a contract renewal with Mission Neighborhood Health Center, in the amount of $191,615, to provide primary care services to medically indigent adults residing in the Mission District, for the period of July 1, 2003 through June 30, 2004.

(3.29) **CHN/SFGH & LHH Facilities** – Request for approval of sixteen new contracts with the following fourteen firms: Acker & Guerrero Roof Co., Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly Inc., William Decker & Co., Elischer Construction, Inc., Floortrends, Inc., Monticelli Painting & Decorating, Robert Poyas, Inc., Pribuss Engineering, Inc., Sabel Painting Co., Sierra Electric Co., The Shooter Co. and United California Glass Co., in the combined amount of $1,785,000, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline Civil Service staffing, for the period of July 1, 2003 through June 30, 2005.

(3.30) **CHN-SFGH Pharmacy** – Request for approval of a new contract with Pharmaceutical Care Network, in the amount of $200,000 for third party administrator services, and $1,200,000 pass-through pharmacy dispensing fees to Rite Aid Corporation and AG Pharmacy targeting CHN indigent clients, for the period of July 1, 2003 through June 30, 2004.

(3.31) **CHN-SFGH** – Request for approval of a Board of Supervisors resolution for a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital, for the period of July 1, 2003 through June 30, 2004.

Public Comment

John Kosinski of SEIU Local 250 stated that SEIU will oppose this request at the Board of Supervisors for several reasons. When this contract was originally executed in 1994 it was a temporary arrangement and is now ten years old. Secondly, this contractor does not meet the City's Minimum Compensation Ordinance and pays it's workers between $6.75 and $7.25 per hour with no benefits. Mr. Kosinski believes that all laundry services should be brought back under civil service when the City's new plant opens at Oyster Point.

(3.32) **CHN** – Request for approval to enter into a revised contract with the San Francisco Health Plan (SFHP) to continue the Department of Public Health's participation with SFHP as a Medi-Cal, Healthy Families, Healthy Workers and Healthy Kids provider with reduced administrative obligations commencing July 1, 2003 for a one year term with automatic renewal.

Commissioners' Comments

- The Commission requested an annual report to the Community Health Network Joint Conference Committee.

(3.33) **CBHS-Mental Health/Substance Abuse** – Request for approval of a contract modification with Westside Community Mental Health Center, in the amount of $1,490,477 for FY 2002-03, for a total contract value of $5,980,917, for the provision of mental health and substance abuse services to CalWORKS clients, for the period of July 1, 1999 through June 30, 2003.

Action Taken: The Commission approved the Budget Committee consent calendar.

Commissioner Guy abstained from voting on Item 3.17. Commissioner Sanchez abstained from voting on Items 3.1 and 3.16. Commissioner Umekubo abstained from voting on Item 3.2.

The following items were withdrawn, and will be heard at a later date: Items 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12, and 3.14.

The Commission asked for reports to the Joint Conference Committees on Items 3.27 and 3.32.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Bioterrorism Exercise in Progress

The Department's health emergency practice exercise is currently underway across the street at Bill Graham Auditorium. This practice exercise is testing our ability to quickly respond to a large-scale health emergency. The Mayor dropped by this morning to watch the drill in progress and praised staff for their planning and preparation. Over 700 volunteers have joined 200 DPH staff volunteers to participate in the mock inoculation drill. There has been extensive media coverage throughout the day. For those of you who were not able to attend the VIP briefing, DPH is pleased with the success of the exercise and will share its final evaluation and report with the Commission.

Pedestrian Safety Project

The State Office of Traffic Safety (OTS) has commended DPH's Pedestrian Safety Project for, "Decreasing total fatal and injury collisions involving pedestrians by seven percentage points." Chris Murphy, Deputy Director of OTS, stated, "Your agency's traffic safety contribution increases the relevance and impact of our California Traffic Safety Program to the overall national program." Information about past and current pedestrian safety efforts is available from Michael Radetsky at 581-2418.

Caring Partners Program

The Community Behavioral Health Service Pharmacy has come to an agreement with AstraZeneca Pharmaceuticals to participate in their "Caring Partners Program" for qualified indigent clients. At no cost, the pharmacy receives a monthly supply of the antipsychotic drug Seroquel approximately equal to the amount dispensed to indigent clients the preceding month. The first shipment, received in June, represents a cost avoidance of $28,298.

African American Health Initiative Updates

African American Health Initiative (AAHI) and African American Coalition for Health Improvement and Empowerment co-sponsored a FREE Domestic Violence Seminar entitled

"Lifting Our Voices: African Americans Take Action Against Domestic Violence", at Third Baptist Church, June 13th.

The Community Empowerment Center (AAHI and the S.F. Sheriff Department) in collaboration with UCSF Family Practice Residency Program held a successful conference in the Bayview on Post Traumatic Stress Disorder. Clifton Hicks, MSW, Community Mental Health clinician was the keynote speaker.

STD's Test Form in Website

This week STD Prevention and Control Services will launch a website, **http://www.stdtest.org** for San Franciscans to print out a test form and take it to a local Unilab/Quest laboratory for a free and confidential syphilis test. Results will be returned online within three to seven days. STD staff will follow up to ensure that all persons and their sex partners who test positive receive treatment. This is a collaborative effort between the STD Prevention and Control Services, Internet Sexuality Information Services (ISIS, Inc.), Enterprise Business Systems, Enterprise Systems Management, Enterprise Network Management and Quest Diagnostics. This is the Department's latest effort in response to the increase in syphilis and enhancement of services to the community.

SF Pride Parade 2003

Bring your family and friends and march with the DPH contingent at the San Francisco Pride Parade celebration on Sunday, June 29, flyer attached. Share the experience of hearing people cheer and seeing their smiles when the contingent proudly walks down Market Street! Contact 554-8476 for more details.

Commissioners' Comments

- Commissioner Parker asked whether it is practical that a lab would be interested in developing a home STD testing kit and would it be helpful in infection control? Dr. Katz responded that it would be very helpful, but he's not optimistic that it will happen. Despite high sensitivity and specificity, home HIV testing kits have not been widely used. He believes that this is because they are blood-based test kits. While urine-based kits could be developed, manufacturers don't want to face the regulatory hurdles necessary to develop them.

- Commissioner Penn asked about the "Caring Partners Program" from AstraZeneca. Bob Cabaj, M.D. responded that because the Department has an in-house pharmacy, the Department is able to do this. He added that AstraZeneca is very easy to work with compared with other pharmaceutical companies. Commissioner Umekubo encouraged the Department to sustain and expand this program with other drug companies as it could result in large savings in the cost of healthcare.

- Commissioner Chow asked about the bioterrorism exercise and whether the Department's plan for a real emergency consists of one central clinic or a series of clinics across the City. Dr. Katz responded that the plan is for 40 clinics across the City in schools, university buildings, and other public buildings. Each clinic would serve people in English and one other language. This exercise was designed to test the timing of each step in the process to determine staff allocation. There are still other issues to confront, such as how to reach the homebound. Commissioner Guy indicated that she attended, noting that disease outbreak is a different type of emergency than we're used to preparing for, such as earthquake or the Millennium event.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE

Commissioner Lee Ann Monfredini presented the June Employee Recognition Awards.

Individual Awardees	Division	Nominated by
Isabel Barajas, Eligibility Worker	Dept. of Public Health, Maxine Hall Health Center	Susan Amdur, PHN, Maxine Hall Health Center

6) **RESOLUTION SUPPORTING THE STRATEGIC PLAN OF THE SAN FRANCISCO ASTHMA TASK FORCE TO PROMOTE EFFECTIVE ASTHMA MANAGEMENT AND PREVENTION STRATEGIES FOR SAN FRANCISCO**

Rajiv Bhatia, M.D., Director of Environmental Health Services and Deanna Rossi, Chair of the Asthma Task Force presented the Resolution Supporting the Strategic Plan of the San Francisco Asthma Task Force.

Commissioners' Comments

- Commissioner Guy acknowledged the work and support of the Asthma Task Force. She noted that this is a citywide effort, and the Department wants to do its part. She added that from the information presented, health and medical workers are making an impact.

- Commissioner Chow asked whether it is the intent of the Task Force to look at data from communities other than Bay View Hunters Point? Dr. Bhatia responded that there is no regular way that measurement is occurring. Environmental Health Services (EHS) has a way to evaluate this, but it does require resources, and EHS is addressing this as a citywide problem. The Task Force has a lot of qualitative data as well, probably more than any other U.S. city. Commissioner Chow responded that he looks forward to the next update.

Action Taken: The Commission approved Resolution #13-03, "Supporting the Strategic Plan of the San Francisco Asthma Task Force to Promote Effective Asthma Management and Prevention Strategies for San Francisco", Attachment A.

7) **HEALTHY KIDS, HEALTHY FAMILIES, AND MEDI-CAL FOR CHILDREN UPDATE**

Jim Soos, Senior Health Planner of the Office of Policy and Planning, introduced the update on Health Coverage Programs for Children and Youth in San Francisco, more commonly known as Medi-Cal, Healthy Families, and Healthy Kids. He shared some quotes from the SFHP member survey of the Healthy Kids Program, noting that Jean Fraser will share more detail of the survey later in the presentation. All three programs provide comprehensive medical, dental, and vision care for members. All children and youth up to age 19 (age 21 for Medi-Cal) in families up to 300% of the federal poverty level (FPL) regardless of immigration status are eligible to enroll.

Mr. Soos presented a graphic showing how the patchwork of programs fit together based on age, FPL, and documentation status. Programs are both mutually exclusive (families cannot choose which program to enroll children into, but are enrolled into the one for which they are eligible based on age, income, and documentation status), and seamless (all children under 300% FPL are eligible). He shared an example showing that a two-parent household at 200% FPL with three children of

mixed documentation status could have children in each of the three programs based on each child's age and documentation.

Through the three programs, San Francisco guarantees universal coverage to children in families under 300% FPL, which helps the Department meet its strategic goal that residents have access to needed health services, while DPH emphasizes services to its target population by expanding health care coverage to the uninsured.

Mr. Soos concluded by sharing some background on each program. Medi-Cal is California's federal Medicaid program with a state/federal funding match of 46%/54%. There are federal mandates regarding populations covered and benefits provided. California goes beyond the federal mandates. Although there are numerous Medi-Cal programs, the focus of this presentation is Medi-Cal for Children. Statewide it is administered through the Department of Health Services, but counties do have administrative responsibility, including enrollment, which is done locally through Department of Human Services.

Healthy Families is California's State Children's Health Insurance Program (SCHIP). It is also a federal/state partnership with a 65% federal match to the state's 35%. At the state level, Healthy Families is administered through the Managed Risk Medical Insurance Board (MRMIB). Counties have no administrative responsibility.

Healthy Kids is local to San Francisco only, although Santa Clara, San Mateo, and Alameda Counties have similar programs, and Los Angeles, Santa Cruz, Solano, and Riverside Counties are in the planning stages. Funds for Healthy Kids are entirely local and for FY 2003-04 consist of $ 4 million in local General Fund and $430,000 from the local Proposition 10 Commission to cover children ages 0 to 5. It is administered through the San Francisco Health Plan (SFHP).

Frances Culp, Health Planner of the Office of Policy and Planning presented on enrollment for the three programs. She noted that families apply for each program in a different manner, with Medi-Cal through the local Medi-Cal Office or by mail through the Medi-Cal form or Joint Medi-Cal/Healthy Families application. For Healthy Families, there is a joint Medi-Cal/Healthy Families application that is usually completed through with the assistance of a Certified Application Assistant (CAA). Families apply for Healthy Kids at the SFHP offices, or through a CAA who uses a paper or on-line application.

Locally, outreach is being conducted through Building a Healthier San Francisco (BHSF); Bringing Up Healthy Kids (BUHK); County Outreach, Enrollment and Retention, SFHP, and community and DPH clinics. Ms. Culp did note that state outreach funds have been cut, meaning a $250,000 loss to San Francisco, which has hindered outreach efforts.

In San Francisco, 44,186 children and youth are enrolled in one of the three programs (30,927 in Medi-Cal, 10,445 in Healthy Families, and 2,814 in Healthy Kids) out of 127,344 children and youth in the City. Statewide, 3,965,034 children are enrolled, including 3,314,032 in Medi-Cal and 615,002 in Healthy Families. This is out of 10,234,571 children and youth statewide. By race and ethnicity in San Francisco, Asians/Pacific Islanders represent the largest population in both Medi-Cal and Healthy Families, while Latinos represent the largest population in Healthy Kids. By neighborhood, Excelsior/OMI, Mission/Bernal Heights, Visitacion Valley, Bayview, Chinatown/North Beach, Nob Hill, and the Sunset have the most children enrolled, representing more than 50% of all enrollments.

By Health Plan, SFHP has 66% of Medi-Cal enrollees, 54% of Healthy Families enrollees, and 100% of Healthy Kids enrollees. This is significant as the statewide average for the local initiatives for Healthy Families and Medi-Cal enrollees is 35%.

Jean Fraser, CEO of SFHP presented on enrollment by medical group noting that SFHP has over 2,000 physicians, and six hospital with nine campuses in its network. More people (38%) have chosen the CHN as their medical group than any other medical group.

Ms. Fraser next presented on evaluation measures. As to consumer satisfaction, she noted very high consumer satisfaction for both Healthy Families and Healthy Kids. People overwhelmingly expressed satisfaction with their physicians, although expressed lower satisfaction with wait times for appointments and finding a dental provider. On HEDIS scores, an objective measure of quality, SFHP scored higher than the state average for both Medi-Cal and Healthy Families on immunization rates, initial health assessments, and well-baby, child and adolescent visits. HEDIS scores are not yet available for Healthy Kids. Despite these high scores, SFHP's governing board has made improvement of HEDIS scores a strategic priority.

Despite high satisfaction and high quality, retention rates have been disappointing. Currently, Medi-Cal retention statewide is 64%, Healthy Families statewide is between 60% and 76%, and Healthy Kids locally is between 66% and 76%. Some reasons that children lose coverage include aging out of the program, failure to pay premiums, failure to return annual enrollment materials, moving out of county, and securing other coverage. Ms. Fraser emphasized that the underlying issues include the mobility of the population that makes it difficult to stay in touch with them, and a fragmented system with poor program coordination.

As to recent program changes, Ms. Fraser noted that statewide Healthy Families parental expansion has been delayed for at least two years and "Express Lane Eligibility" through the School Lunch Program will begin in pilot counties only (not San Francisco). The Medi-Cal/Healthy Families Bridge program providing continuous coverage for children moving between the two programs now works in both directions, and technological changes including on-line applications (Health-e-App and One-e-App) and the CHDP Gateway are just getting underway. Finally through state legislation (AB 495), San Francisco should begin drawing down federal funds for its Healthy Kids program later this year. Next steps for the program include expanding access, minimizing the impacts of program cuts, and improving HEDIS scores.

Commissioners' Comments

- Commissioner Chow noted that the patchwork of programs depends on where the lines are, but AIM seems to overlay. Mr. Soos responded that AIM does overlay both Healthy Families and Healthy Kids, but it depends on the mother enrolling prior to the birth of the child. If a mother enrolls in AIM prior to the birth, then the infant is covered through AIM after birth. If not, then the child is eligible for Healthy Families or Healthy Kids.

- Commissioner Chow followed up by asking whether AIM is separate from Medi-Cal or Healthy Families. Mr. Soos responded in the affirmative. AIM is a separate program administered through the State Department of Health Services.

- Commissioner Parker noted that this does follow the Department's Strategic Plan goal of providing universal health insurance. He asked that since this is a patchwork, how are children of Healthy Workers represented? Ms. Fraser responded that Healthy Workers is an employment-

based, not an income-based program and does not include dependent coverage. To the extent that children of Healthy Workers members are income-qualified, they would be enrolled in Medi-Cal, Healthy Families, and Healthy Kids, and included in the data presented today.

- Commissioner Umekubo asked about the number of uninsured children in San Francisco. Mr. Soos responded that there is no solid estimate of the numbers of uninsured children or adults in San Francisco. He noted that the Department estimated 9,000 uninsured children in San Francisco in 2000 when program planning for Healthy Kids began. Based on the rate of enrollment in Healthy Kids, it appears that it was an accurate estimate.

- Commissioner Umekubo asked about HEDIS and incentives for providers. Currently there is no provision for quality, so the incentive to reward for quality is powerful. Ms. Fraser responded that currently SFHP is providing incentives for immunization. She added that providing incentives for salaried providers is difficult, although SFHP is looking at some options, including models developed by Blue Shield, which changed reimbursement to providers and costs to members based on quality measures.

- Commissioner Sanchez asked whether in trends among young children (child care, school-based programs, etc.), which are going through enrollment challenges plus parents who are moving out of the City and keeping kids enrolled here, are there any safety net programs for these people, who may be working in San Francisco, but now residing in a different county? Ms. Fraser responded that with many Bay Area counties developing Healthy Kids-like programs, there may be some opportunities to make it seamless, although for many reasons this will be difficult to do.

- Commissioner Guy noted that it is now possible to see the interaction between the three programs. She asked, in the longer term, what changes should we be looking to make to these programs? Ms. Fraser responded that access (receiving services in a timely manner) is one issue SFHP will be addressing. Secondly, she believes we should be attempting to do the parental expansion in San Francisco. Currently SFHP is working with Blue Shield to develop models, and State legislation has been introduced to give local initiatives access to federal SCHIP funds for parent coverage. Commissioner Guy follow-up by asking about the cost of parental expansion. Ms. Fraser responded that she would estimate that full-scope coverage without dental or vision coverage would be approximately $200 pmpm.

- Commissioner Penn asked how we mitigate the loss of outreach funds. Ms. Culp responded that the CAA infrastructure is being dismantled. Healthy Families has really relied on CAAs to enroll, and Medi-Cal and Healthy Kids have also become dependent upon the CAA system. She is somewhat optimistic that the loss of the $50 per successful Healthy Families enrollment will not be a significant loss to organizations, as they have not relied on those funds in the past. The $250,000 loss to BUHK is significant, and the organization is looking for other sources to replace those funds, including foundations and the United Way. She noted the importance of assuring that DPH clinics are enrolling.

- Commissioner Penn asked about the under enrollment of African Americans in the Healthy Families and Healthy Kids programs. Ms. Fraser responded that to date Healthy Kids has been primarily enrolling the undocumented population and has not penetrated the 250% to 300% FPL market. She added that the lower income status of African Americans in San Francisco makes them disproportionately eligible for Medi-Cal.

- Commissioner Penn asked about the status of the One-e-App and Health-e-App. Ms. Fraser responded that they help some, but currently generate paper on the back end, which gets mailed to the single point of entry. One-e-App has good possibilities, particularly for counties like San Francisco with a local program, but is not there yet.

- Commissioner Penn asked how long it takes to become enrolled in each program. Ms. Fraser responded that it varies by program. For Medi-Cal, enrollees are eligible to services on the day the application is received, and providers may be reimbursed retroactively for services rendered while the application is pending. For Healthy Kids, members may enroll up to the 25th of the month for services the following month, so the wait time ranges from six to 30 days. For Healthy Families, members are eligible on the day the application is approved, which can vary.

- Commissioner Chow noted that Healthy Kids was part of the original Commission looking at uninsurance in San Francisco, and this is what the Commission envisioned. He did express some concerns about the potential of partnerships with others in that we may lose some of the special San Francisco characteristics of the program, but that linkages may make sense to ensure that eligibility transports across county lines. The success of Healthy Kids in reaching the Latino population really shows in these data. Commissioner Chow acknowledged the access problems adding that another area of concern is access to specialty services. If Medi-Cal requires specialty participation across all lines of business, it may be a problem, and providers may drop out. He noted that access is a broader issue than just with SFHP and may require work at the state-level to maintain community-based access. He noted that the report, by putting together the three programs really shows the full picture. He congratulated SFHP and Dr. Katz as the Chairman, noting that Commissioners Umekubo and Sanchez also deserve credit as they too have served on the Board.

- Commissioner Parker noted the ongoing question of the lack of African American representation above Medi-Cal. He acknowledged the gap, but asked that if African Americans are remaining in San Francisco, and their health needs are not being addressed, in the long-term they will become a liability to the system. He questioned whether the system is trying to prevent increased health problems in the future, or are we just making it their problem? Ms. Fraser responded that the gap is not as large as it might appear. The percent of African Americans with public health insurance is higher than other populations. However, SFHP has not done the best job of finding kids between 250% and 300% of FPL or overcome the belief by working parents that Healthy Kids is too good of a deal to be true. This is not limited to the African-American population.

- Commissioner Chow asked whether it is possible to look at the census data to get a better picture of those eligible. Mr. Soos responded that to the extent possible, this has been done. Currently, census data only show residents below 100% of FPL, not for example those between 100% and 300% FPL. The data so far show that overwhelmingly, African-American children are eligible for and enrolled in Medi-Cal. Dr. Katz recommended combining tables 7, 8, and 9 into one table, and preparing a written response for the next Commission meeting.
- Commissioner Penn asked whether other surrounding counties see the same thing? Ms. Fraser answered in the affirmative.

- Commissioner Chow stated that it would be interesting to see enrollment data for the surrounding counties. Dr. Katz responded that staff will include that data as well.

Commissioner Chow concluded by noting that the report mentions an obesity program, which if tied to school-based programs, would be useful as a universal approach. He requested to look at the data again without waiting a full year. He noted the importance of retention, and perhaps a full report on retention including some recommendations or solutions.

Commissioner Umekubo departed at 5:10 p.m.

8) BEHAVIORAL HEALTH REPORT

Bob Cabaj, Director of Behavioral Health Services and Jorge Partida, Deputy Director of Behavioral Health Services presented. The update included planning for integration, the integration plan (including challenges and recommendations), and next steps. Dr. Cabaj discussed the reasons for integration, including data that show that many individuals with mental health or substance abuse disorders have both.

The goal of integration is to integrate the administrative, clinical, and fiscal functions of CMHS and CSAS into a comprehensive behavioral health delivery system by July 1, 2005 to improve clinical outcomes, maximize resources, and increase client, provider, and employee satisfaction. He noted that this is consistent with the DPH Strategic Plan, most notably in the area of prevention. The focus of the integration is clear, consistent standard in both substance abuse and mental health, and integration addresses the structural differences between CSAS and CMHS.

Dr. Cabaj discussed the key elements of integration and the planning committees involved, and Dr. Partida discussed the community input process, noting that it focused on community concepts of health, wellness, and being. Dr. Cabaj discussed the timeline, noting that many of the milestones have been completed, with integration achieved in June 2005. Drs. Cabaj and Partida discussed the challenges and recommendations for integration, including those related to client relations, clinical services, cultural competency, provider relations, quality management, placement, evaluation, research, and grant development.

Next steps for the process include complete integration of CSAS and CMHS into CBHS by June 2005, and planning for integration of CBHS and Primary Care. Future milestones include agreeing on a clinical model, setting evaluation criteria, training staff, and determining services to be brokered.

Commissioners' Comments

- Commissioner Parker noted that two closely linked services are being integrated and the importance of integration to improve services. He acknowledged the challenges and opposition that will be faced, and the end result will require a change of mindsets. He added that STD and HIV prevention are also important to integrate into behavioral health also, given the risky sexual practices people engage in while using substances. He noted the need to integrate other Department services also. Dr. Cabaj indicated that they're not waiting until 2005 to integrate other services, but that is the timeline for financial and administrative integration. Community Behavioral Health Services is already working with STD prevention, particularly related to issues of methamphetamine use and risky sexual practices among gay men. Commissioner Parker concluded by saying that behavioral health is also linked to environmental health in that behavior often changes as the result of environmental changes. This does not occur in a vacuum.

issues of methamphetamine use and risky sexual practices among gay men. Commissioner Parker concluded by saying that behavioral health is also linked to environmental health in that behavior often changes as the result of environmental changes. This does not occur in a vacuum.

- Commissioner Sanchez praised this as an inclusive model, encompassing the totality of the DPH mission. He noted that there will be challenges, but that integration is also happening in other settings such as colleges and universities with integrated faculties.

- Commissioner Guy noted that other stakeholders within the continuum need to grow also, such as Health at Home and Laguna Honda Hospital, in order to provide necessary services for clients. She added that there will be a lag time of acculturation. She noted the importance of training in accomplishing this successfully adding that this will take financial resources to provide training, and we will need to develop partnerships. She asked whether there are any best practices. Dr. Partida responded that there are 16 model programs in the country that have developed best practices, and staff will be looking at them to see how they might be applied in San Francisco. He noted that there needs to be a paradigm shift that includes not only "any door the right door," but that "once inside, the room has changed."

- Commissioner Chow requested a six-month follow-up at the Community Health Network Joint Conference Committee, and that integration with primary care be explored before 2005. Dr. Partida responded that this is consistent with the data that many people come into mental health and substance abuse services through primary care, because they are not comfortable entering the system through mental health or substance abuse.

- Commissioner Penn noted that the cultural change is huge. There needs to be emphasis that this change is a partnership between the Department and providers, and to work through the process together. He asked who are the trainers and are contractors being given sufficient time to prepare for these changes. Dr. Cabaj responded that many providers are already working from a behavioral health perspective and it's the Department that catching up to them by taking down this false division between the two services. He concluded by saying that there are many good trainers in the Bay Area and the section is exploring them.

9) PUBLIC COMMENTS

There were no public comments.

10) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Jim Soos
Acting Executive Secretary
to the Health Commission

Attachments (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-03

SUPPORTING THE STRATEGIC PLAN OF THE SAN FRANCISCO ASTHMA TASK FORCE TO PROMOTE EFFECTIVE ASTHMA MANAGEMENT AND PREVENTION STRATEGIES FOR SAN FRANCISCO

WHEREAS, in response to growing community concern about asthma the San Francisco Board of Supervisors and Mayor Willie L. Brown, Jr. established the Asthma Task Force in May 2001; and,

WHEREAS, the Task Force is a broad-based coalition charged with the responsibility of developing a citywide Strategic Plan to manage and prevent asthma; and,

WHEREAS, asthma adversely affects the quality of life for those suffering from the disease and their families; and,

WHEREAS, national data have established that asthma is greatly under-diagnosed and under-treated, particularly in children; and, asthma is the leading cause of childhood hospitalizations in California; and,

WHEREAS, asthma accounts for more lost school days per year than any other chronic disease; and adequate asthma management in young children results in substantial improvements in school performance and learning throughout childhood; and,

WHEREAS, between 1991 and 2000 San Francisco asthma hospitalization rates declined in all ethnic categories; yet, based on the most recent data, African Americans have over three times the asthma hospitalization rates of whites; and,

WHEREAS, asthma prevalence data exists for only one vulnerable community in San Francisco; and the Bayview Hunters Point (BVHP) Health and Environmental Assessment Task Force Community Survey conducted in 1999 showed that 10% of BVHP (i.e., zip code 94124) residents had asthma, with 16% prevalence among children; and not for any other community in San Francisco; and,

WHEREAS, asthma is a chronic respiratory disease that can be effectively managed through the combination of appropriate clinical care and home and community environmental interventions; and,

WHEREAS, the YES WE CAN Urban Asthma Partnership, a medical/social model to scale up best practices was formed in 1997; and,

WHEREAS, the Pediatric Asthma Clinic at San Francisco General Hospital was used as a YES WE CAN demonstration site resulting in the use of preventive medications rising from 39% to 83%, emergency room visits dropping from 63.2% to 31.6% and hospitalizations dropping from 21.2% to 3.8%; and,

WHEREAS, in addition, the Department of Public Health has established a model adult asthma specialty clinic at SFGHMC, which has also greatly reduced hospitalization and emergency room utilization due to asthma; and,

WHEREAS, the uniform implementation of proven best practices for both the clinical management of asthma and its environmental control could reduce the asthma morbidity and disparities in morbidity citywide; and,

WHEREAS, coordinated and targeted public education asthma awareness campaigns and activities for all of San Francisco are needed; and,

WHEREAS, the Task Force presented its Strategic Plan with recommendations to the Health Commission on World Asthma Day, May 6th, 2003; now, therefore, be it

RESOLVED, that the Health Commission commends the work of the Asthma Task Force in addressing this issue; specifically supporting the scope of the recommendations and initial priorities established by the four Task Force subcommittees; and, be it

FURTHER RESOLVED that the Health Commission requests the Task Force work with the Department of Public Health and bring periodic updates to the Commission as the Strategic Plan is implemented, particularly as new data becomes available to identify needs and to evaluate outcomes.

I hereby certify that the San Francisco Health Commission at its meeting of June 17, 2003 adopted the foregoing resolution.

Jim Soos
Acting Executive Secretary
to the Health Commission

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

JUN 25 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, July 1, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2: 30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF JUNE 17, 2003**
**Minutes of June 17, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CBHS-Substance Abuse** – Request for approval of a contract renewal with Center for Juvenile & Criminal Justice, in the amount of $249,250 to provide substance abuse recovery services targeting adult male parolees, for the period of July 1, 2003 through June 30, 2004.
* Calendaring request memo, Monitoring report summary, Corrective action plan, Demographic information form

(3.2) **PHP-Housing & Urban Health** – Request for approval of 20 contract renewals with the following contractors for a combined total of $9,680,022 for Housing and Urban Health (HUH) services commencing July 1, 2003.
* Calendaring request memo, List of Respondents to RFP for HUH services, List of Renewal Contracts with period of time for each contract, List of contractors' Boards of Directors, Summary of Monitoring Scores, Individual monitoring report summaries, Demographic information forms

Contractor	Program	Description	Unduplicated Clients	Contract Term	Total Funding
Ark of Refuge, Inc.	Ark House	Transitional housing for LGBTQQ Youth	*39*	7/1/03-6/30/04	$300,815
Baker Places, Inc.	Integrated Services Network	Support services in 10 Single Room Occupancy (SRO) Hotels	*522*	7/1/03-6/30/04	$621,594
Baker Places, Inc.	Star & Camelot Hotels	Direct Access to Housing	*117*	3/1/03-6/30/04	$642,190
Baker Places, Inc.	Emergency Hotels	Emergency Housing	*N/A*	7/1/03-6/30/04	$958,168
Caduceus Outreach Services	Caduceus Outreach Services	Psychiatric services linked to housing	*80*	7/1/03-6/30/05	$197,802
Catholic Charities	Peter Claver Community	Residential Care for homeless persons with HIV/AIDS	*74*	7/1/03-6/30/05	$863,458
Chinatown Community Development Corporation	Chinatown SRO Collaborative	Outreach, training, and advocacy services to SRO hotels	*600*	7/1/03-6/30/05	$500,000
Episcopal Community Services	Canon Kip Community House	Support services in a SRO hotel	*113*	7/1/03-6/30/04	$101,626
Episcopal Community Services	Pacific Bay Inn	Support services and property management in a master-leased SRO hotel	*83*	7/1/03-6/30/04	$960,981
Episcopal Community Services	Rose Hotel	Support services in a SRO hotel	*83*	7/1/03-6/30/04	$121,669
John Stewart Company	Windsor, Star, Camelot & Le Nain Hotels	Property Management services in master-leased SRO hotels	*392*	7/1/03-6/30/04	$832,464

Contractor	Program	Description	Unduplicated Clients	Contract Term	Total Funding
Lutheran Social Services	La Casa Mariposa & Mia House	Transitional housing for women with children recovering from substance abuse and domestic violence	*11 families*	7/1/03-6/30/04	$177,860
Mission Housing Development Corp.	Mission SRO Collaborative	Outreach, training, and advocacy services to SRO hotels	*480*	7/1/03-6/30/05	$500,000
Page Street Guest House	Broderick Street Adult Residential Care Facility	Licensed Residential Care	*36*	7/1/03-6/30/04	$832,424
San Francisco AIDS Foundation	South of Market Action Point	Medication adherence program for homeless persons with HIV/AIDS	*110*	7/1/03-6/30/04	$232,605
San Francisco AIDS Foundation	Full & Partial Subsidies	Rent subsidies for persons with HIV/AIDS	*124*	7/1/03-6/30/05	$910,288
San Francisco Network Ministries	Safe House	Transitional housing for women	*45*	7/1/03-6/30/06	$147,516
Self Help for the Elderly	Autumn Glow Residential Care	Residential Care for elders with dementia	*20*	7/1/03-6/30/04	$117,278
Tenderloin AIDS Resource Center	HIV/AIDS Emergency Housing	Case management in Emergency Housing	*260*	3/1/03-6/30/04	$261,284
Tenderloin Housing Clinic	Tenderloin SRO Collaborative	Outreach, training, and advocacy services to SRO hotels	*1,200*	7/1/03-6/30/05	$400,000
Total			*4,389*		$9,680,022

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HIPAA COMPLIANCE UPDATE**
(Dennis Scott, Chief Compliance Officer)
**Update*

6) **PUBLIC COMMENTS**

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Government Inf. Center (2)
S.F. PUBLIC LIBRARY, CIVIC CENTER
100 Larkin Street, 5th Floor
San Francisco, CA 94102

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JUL 10 2003

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, July 1, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Commission was called to order by Commissioner Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Michael L. Penn, Jr., M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF JUNE 17, 2003

Action Taken: The Commission (Chow, Parker, Sanchez, Umekubo) approved the Minutes of the June 17, 2003 meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Umekubo chaired, and Commissioners Sanchez and Parker attended, the Budget Committee meeting.

(3.1) **CBHS-Substance Abuse** - Request for approval of a contract renewal with Center for Juvenile and Criminal Justice, in the amount of $249,250, to provide substance abuse recovery services targeting adult male parolees, for the period of July 1, 2003 through June 30, 2004.

Deferred by request of the Department. Will be on a future agenda, within 30 to 60 days.

(3.2) PHP-Housing and Urban Health – Request for approval of 20 contract renewals with the following contractors for a combined total of $9,680,022 for Housing and Urban Health (HUH) services commencing July 1, 2003.

Contractor	Program	Description	Unduplicated Clients	Contract Term	Total Funding
Ark of Refuge, Inc.	Ark House	Transitional housing for LGBTQQ Youth	39	7/1/03-6/30/04	$300,815
Baker Places, Inc.	Integrated Services Network	Support services in 10 Single Room Occupancy (SRO) Hotels	522	7/1/03-6/30/04	$621,594
Baker Places, Inc.	Star & Camelot Hotels	Direct Access to Housing	117	3/1/03-6/30/04	$642,190
Baker Places, Inc.	Emergency Hotels	Emergency Housing	N/A	7/1/03-6/30/04	$958,168
Caduceus Outreach Services	Caduceus Outreach Services	Psychiatric services linked to housing	80	7/1/03-6/30/05	$197,802
Catholic Charities	Peter Claver Community	Residential Care for homeless persons with HIV/AIDS	74	7/1/03-6/30/05	$863,458
Chinatown Community Development Corporation	Chinatown SRO Collaborative	Outreach, training, and advocacy services to SRO hotels	600	7/1/03-6/30/05	$500,000
Episcopal Community Services	Canon Kip Community House	Support services in a SRO hotel	113	7/1/03-6/30/04	$101,626
Episcopal Community Services	Pacific Bay Inn	Support services and property management in a master-leased SRO hotel	83	7/1/03-6/30/04	$960,981
Episcopal Community Services	Rose Hotel	Support services in a SRO hotel	83	7/1/03-6/30/04	$121,669
John Stewart Company	Windsor, Star, Camelot & Le Nain Hotels	Property Management services in master-leased SRO hotels	392	7/1/03-6/30/04	$832,464
Lutheran Social Services	La Casa Mariposa and Mia House	Transitional housing for women with children recovering from substance abuse and domestic violence	11 families	7/1/03-6/30/04	$177,860
Mission Housing Development Corp.	Mission SRO Collaborative	Outreach, training and advocacy services to SRO hotels	480	7/1/03-6/30/05	$500,000
Page Street Guest House	Broderick Street Adult Residential Care Facility	Licensed Residential Care	36	7/1/03-6/30/04	$832,424
San Francisco AIDS Foundation	South of Market Action Point	Medication adherence program for homeless persons with HIV/AIDS	110	7/1/03-6/30/04	$232,605

San Francisco AIDS Foundation	Full & Partial Subsidies	Rent subsidies for persons with HIV/AIDS	124	7/1/03-6/30/05	$910,288
San Francisco Network Ministries	Safe House	Transitional housing for women	45	7/1/03-6/30/06	$147,516
Self Help for the Elderly	Autumn Glow Residential Care	Residential Care for elders with dementia	20	7/1/03-6/30/04	$117,278
Tenderloin AIDS Resource Center	HIV/AIDS Emergency Housing	Case management in Emergency Housing	260	3/1/03-6/30/04	$261,284
Tenderloin Housing Clinic	Tenderloin SRO Collaborative	Outreach, training, and advocacy services to SRO hotels	1,200	7/1/03-6/30/05	$400,000
Total			**4,389**		**$9,680,022**

Commissioners' Comments:

- The Commission requested a follow-up to the Population Health and Prevention Joint Conference Committee.

Action Taken: The Commission (Chow, Parker, Sanchez, Umekubo) approved the Budget Committee consent calendar.

The Commission asked for a report to the Population Health and Prevention Joint Conference Committees on Item 3.2.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

DPH Budget Update
In the early hours last Saturday, the Budget Committee voted to restore $13.5 million to DPH's proposed budget for fiscal year 2003-04. The Committee restored funding for a number of community-based mental health, substance abuse and HIV/AIDS programs, as well as interpreter services at San Francisco General Hospital. This action returns funding for all of the service reductions proposed in the Department's contingency budget, as well as some additional reductions proposed in the base budget. Attached is the Budget Committee's Public Health Restorations list. (Attachment A).

Tenderloin SRO Shooting
On Saturday afternoon, a tenant at the Dalt Hotel, a single room occupancy hotel in the Tenderloin, shot and killed three other tenants of the hotel. The staff and tenants of two hotels were impacted: the Dalt Hotel (a Tenderloin Neighborhood Development Corporation hotel) where the violence occurred, and the Vincent (a DHS master leased hotel) where one of the victims worked as a desk clerk. DPH quickly responded by dispatching mental health crisis teams to the scene. In addition, several debriefings have been scheduled for this week for the staff of the Dalt Hotel, the Tenderloin Neighborhood Development Corporation, and the Vincent Hotel. Additionally, the child crisis unit will be offering specialized mental health services to children and families that were impacted by the violence.

Planning for West Nile Virus
On June 19th, the Environmental Health Section coordinated an inter-agency information sharing and training presentation on the West Nile Virus to City, State and private agencies. Twenty-four

departments, agencies and institutions participated in the presentations provided by Jack Breslin and Senior Environmental Health Inspector Helen Zvernia.

The purpose of the meeting was to inform our public and private partners that we are entering the mosquito-breeding season. As mosquitoes are the vectors that transmit the West Nile Virus, there will likely be a marked increase in the number of West Nile Virus human cases in California this summer and fall. Information on the control of mosquito breeding on properties controlled by these agencies was presented and discussed. Each participating department and agency will develop a mosquito control program by mid-July. These control plans will include identified breeding sites, control procedures and required resources. The Department of Public Health will be available to provide as needed assistance in conjunction with other City and State agencies in the development and implementation of these plans.

Magnet Program Opens

Today was the official opening of the MAGNET Program. Funded with a grant from Bristol-Myers Squibb matched by the Mayor's Office this program will provide sexual health services for gay men in a storefront in the Castro. In addition to offering HIV and STD testing as well as vaccinations to prevent hepatitis A and B, the program will use a number of innovative strategies, including recreational activities to help build community and thereby prevent disease. The Mayor attended the opening and Dr. Katz also had a chance to speak at their press conference this morning.

Expanded access to 340B Drug pricing

An agreement has been reached in negotiations with Rite Aide for the new outpatient prescription benefit. Beginning today, CHN will be able to take advantage of lower drug prices available under the federal 340B drug-pricing program for prescriptions dispensed to uninsured CHN patients through community-based pharmacies. As a result of this agreement, uninsured CHN patients will have the choice of the pharmacy associated with their primary care clinic, or the Outpatient Pharmacy at San Francisco General Hospital, from which to receive no-cost prescriptions. Patients are free to choose a non-associated pharmacy for services, but will not be eligible to receive CHN prescription benefits from these non-associated pharmacies. This new agreement expands the availability of prescription services to uninsured CHN patients while decreasing the Department's expense for pharmaceuticals by approximately $1 million annually.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL

June 2003
(from 6/05/03 MEC and 6/18/03 JCC)

	6/03	7/02 to 5/03
New Appointments	20	201
Reinstatements	0	3
Reappointments	22	319
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	9	128
Disciplinary Actions		0

Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	1	31
Voluntary Relinquishments	3	33
Proctorship Completed	7	172
Current Statistics – as of 6/1/03		
Active Staff	420	
Affiliate Professionals (non-physicians)	163	
Courtesy Staff	498	
Total Members	**1,081**	
Application In Process	29	
Applications Withdrawn Month of June 2003	1	18 (07/02 to 5/03)
SFGH Reappointments in Process July 2003 to Oct. 2003	153	

Commissioners' Comments

- Commissioner Parker asked for additional information regarding the 7.5% that employees are giving back. He also asked, what effect, if any, will DPH see for the 13.5 million dollars that is being added back by the Board of Supervisors? Dr. Katz explained that the 13.5 million is going toward specific programs and agencies identified by the Board of Supervisors. The 7.5 percent relates to the amount that each employee in participating unions (which includes most of them and excepts the nurses' union) agreed to pay toward retirement. In return, the staff in the participating unions receives 5 floating holidays as compensation. There is a cost to the Department in the case of those employees who need to be covered for the days they take off. As an example, there will always need to be a certain number of pharmacists working. When a pharmacist takes a holiday, the Department will need to pay another pharmacist to cover. This is a challenge, but a much easier challenge than DPH had anticipated. The Department will only back-fill when it is necessary. RNs are not included because their union did not participate, but LVNs, CNs and Pharmacists are included.

- Commissioner Umekubo expressed his happiness with the additional money added back to the Department by the Board Supervisors, and recognized the advocacy done by Dr. Katz, staff and public.

- Commissioner Umekubo asked about the status of the MHRF. Dr. Katz explained that the MHRF would remain open for one year as a locked psychiatric facility. The union is paying for the cost of keeping the facility open. There is a requirement that Dr. Katz chair a blue-ribbon committee to study how to keep the MHRF open and the needs of the community, and the first meeting has already been planned.

- Commissioner Umekubo asked about the 340B pricing, how many pharmacies are involved? In the new model, each clinic is tied to one particular Rite Aid. The Rite Aid is in the neighborhood of the

clinic. Patients will now be limited to two choices (SFGH or Rite Aid). Commissioner Chow pointed out that the Commissioners received a packet from Sharon Kotabe that explains this new arrangement in greater detail. There has been a request that there be additional presentation to the Joint Conference Committee to describe the impact, especially because the identified Rite Aid is not always very close to the patient's clinic.

- Commissioner Chow noted the tragedy at the SRO Hotel this week. Though it was not a Department-run SRO, it brings up a concern of the Department to keep its housing units as safe as possible. In today's meeting, Marc Trotz was helpful in explaining how the Housing and Urban Health office does this.

- Commissioner Parker asked if the Department set geographic criteria when choosing pharmacies for participation in the 340B program. Dr. Katz said the Rite Aid closest to each clinic was chosen. When the Department originally went out to bid on this contract, there were almost no bids because of the complexity of administering the program. The Department is advocating for a less complex system.

- Commissioner Edward Chow presented a Department of Public Health Certificate of Honor to Kathleen Becker for twenty years of service in the Department. Jimmy Loyce accepted on Ms. Becker's behalf.

5) HIPAA COMPLIANCE UPDATE

Dennis Scott, Chief Compliance Officer, presented this update on HIPAA compliance as of July 1, 2003. He provided the following summary of compliance as of 6/30/2003:

HIPAA Area	*12/31/02*	*06/30/03*
Other Dept Coordination	95%	95%
Privacy	43%	99%
Data Security	44%	67%
Business Associates	15%	94%
Transactions & Code Sets	55%	78%

Project Status - Other City Department Coordination

Significant Developments

- With the passage of the Privacy compliance deadline (04/16/03), we have received numerous calls from other City Departments and the City Attorney's Office regarding coverage under the HIPAA Privacy Rule
- DPH provided a HIPAA training session to the Department of Aging and Adult Services, and we are providing consultation on their compliance program
- DPH is working with the City Attorney's Office to develop a list of HIPAA covered and exempt departments
- We are encouraging other departments to adopt a "compelling argument" test to determine if they are covered under HIPAA

Status of Implementation Efforts - *95% Completed*

- We have completed the "outreach" phase of our project plan
- Our implementation effort is driven by the decisions of other City departments and our project plan expands with additional requests for consultation

Compliance Risk Factors

- The application of HIPAA to other City/County services outside of health care is evolving

- The greatest points of exposure will come from an adverse ruling of a judicial or administrative body to include parts of the City under HIPAA that are currently not covered

Privacy

Significant Developments

- Implemented DPH-wide Privacy Policy and Notice of Privacy Practices by mandated deadline (4/16/03)
- Compliance Manual updated with Privacy Policy
- Notice of Privacy Practices available in targeted languages on 4/16/03
- Privacy and operations training completed for DPH staff on 4/13/03
- Privacy "hotline" implemented 4/13/03

Status of Implementation Efforts - *99% Completed*

- Compliance due 4/16/03
- DPH has completed the implementation phase of our project plan
- DPH is currently performing post-implementation review to determine points of additional training
- We will provide additional training
- On authorizing the disclosure of protected health information
- To staff in public health surveillance, disease prevention and control activities on the HIPAA Public Health exemption
- We are also integrating our privacy policy with our security remediation efforts

Compliance Risk Factors

- Privacy remediation has been completed within the mandated deadline
- Our compliance risk has evolved from "milestone" to "breach" risk
- Risk of unlawful disclosure of PHI of one of our patients/customers

Data Security

Significant Developments

- Final rule published
- Compliance due by 4/21/05

Status of Implementation Efforts - *67% Completed*

- Currently meeting project timelines
- Draft GAP Analysis Completed
- Remediation project tasks in progress
- Integration of security remediation with privacy policy is major current theme
- HIPAA Security policies and procedures under development

Compliance Risk Factors

- Currently no known risks to meeting compliance deadlines

Business Associates

Significant Developments

- New HIPAA Exhibits have been implemented for contracts
- Privacy training completed for vendor contractors

Status of Implementation Efforts - *94% Completed*

- Compliance no later than 4/15/04 based on annual renewal process of contract
- Currently meeting project timelines
- All vendor contracts are currently being revised with HIPAA language at renewal
- New vendor contracts include HIPAA language as part of the standard contract

Compliance Risk Factors

- No know risk factors
- All vendor contracts will be compliant by the mandated deadline (4/15/04)

Transactions and Code Sets

Significant Developments

- Medi-Cal and Short-Doyle Medi-Cal will not convert to the required national billing codes by the mandated deadline (10/16/03)
- The State's published local to national code conversion project plan extends to 2006
- The State has announced an extended grace period for receipt of outdated codes
- Most Medicare intermediaries have initiated testing

Status of Implementation Efforts - *78% Completed*

- Compliance due 10/16/03
- TCS is currently the major focus of the DPH HIPAA implementation effort
- TCS implementation responsibility has been assumed by the operating departments, with project management by the Compliance Division
- Physical Health systems vendors on target to meet compliance date
- Behavioral Health systems compliance complicated by State's delay in moving to national codes

Compliance Risk Factors

- DPH will not be in compliance by the HIPAA mandated deadlines for certain behavioral health billing codes due to State delays

Commissioners' Comments:

- Commissioner Parker commended the report, and noted the complexity of the subject. He reviewed the major points of the report. He summarized HIPAA as being primarily about regulating what can and cannot be shared in the health care setting. Dennis Scott said that HIPAA does not really change practices in this regard significantly in California because aggressive privacy laws already exist. It does require each covered entity to have a privacy policy, develop it and communicate it.
- Commissioner Umekubo asked what this unfunded mandate would cost the Department. Dennis Scott noted that his office costs $600,000 to maintain. There has not been an analysis beyond this to look at the other costs involved.
- Commissioner Umekubo asked what has been the biggest challenge. Mr. Scott said that it was the development of a Department wide privacy policy. It was difficult to create one that works equally well in all of the Department's settings. It took longer than anticipated, but the final result was successful.
- Commissioner Sanchez thanked Mr. Scott for an excellent update. He asked about how the behavioral health model that the Department is newly adopting will impact HIPAA compliance. Mr. Scott noted that the State level still has 2 different departments (Substance Abuse and Mental Health) where we will have one, which will raise challenges mostly in coding.
- Commissioner Chow asked that there be an update on HIPAA Compliance after the next major deadline in October (10/16/03) to the Community Health Network Joint Conference Committee and then an update to the full Health Commission in six months.
- Commissioner Chow asked if there is one clearinghouse where providers and others can go to make sense of the implications of HIPAA? Mr. Scott said that there is a state office of HIPAA implementation, and they have done a reasonably good job of helping counties.

This has been a good source of information and sharing of interpretations. CMS conference calls have provided important information. However, there is no one clearinghouse. Mr. Scott said that through all of the directives at the end of the day the Department has to do what's reasonable as we are in the business of providing effective health care.

- Commissioner Parker asked if we could project the overall impact on health care costs factoring in the cost to design, implement and maintain HIPAA. Mr. Scott said that there has been controversy in this area. Mr. Scott said estimates determining how much it would cost health care entities to provide health care after HIPAA do not necessarily apply to public system.
- Commissioner Chow asked Dr. Katz for his perspective on HIPAA costs. Dr. Katz noted that it is hard to break out cost accurately, because it's imbedded throughout the system. The Department will continue to spend $600,000 for staffing the HIPAA compliance office and this will stay the same in the foreseeable future. Dr. Katz also noted that he believes Mr. Scott was correct to point out that the Department exists to provide effective public health services. Dr. Katz said that he appreciates Mr. Scott and the work he and his staff have done.

6) PUBLIC COMMENTS

There were no public comments.

7) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Frances Culp

Frances Culp
Acting Executive Secretary
to the Health Commission

Attachment (1)

Public Health Restorations by the Board of Supervisors

Facility	Service	Proposed Service Reduction or Change	Savings	Number of Persons Affected
Mental Health				
Community Based Organization	Mental Health	Baker Places -Westside Lodge Day Treatment	(540,519)	Top priority. New proposal allows us to save 12 beds and restore most of program
Community Based Organization	Mental Health	Bayview Hunter's Point Clubhouse - Day Treatment	(394,272)	Reduction of services to 46 unduplicated clients and the delivery of 6,157 fewer units of service.
Community Based Organization	Mental Health	Progress Foundation Outreach Services	(383,701)	Will reduce services to 300 unduplicated homeless clients & 6,124 units of service.
Community Based Organization	Mental Health	Family Service Agency - Day Treatment Services	(375,142)	Reprogram day treatment to intensive case management program resulting a reduction of 9 unduplicated clients and 7,143 UOS as a result of the change in service model.
Community Based Organization	Mental Health	Baker Places -Westside Lodge Day Treatment	(220,874)	Reprogram intensive day treatment program to rehabilitation program reducing services by 16 clients per day.
Community Based Organization	Mental Health	Conard House - Transitional Residential Treatment	(213,183)	Reprogramming from a 24 bed home to a 16 bed home.
Community Based Organization	Mental Health	Progress Foundation-Rypins/Carroll House Seniors Day Treatment.	(160,000)	Reduction of services to 58 unduplicated clients and the delivery of 4,645 fewer units of service.
Community Based Organization	Mental Health	Chinatown Northbeach Mental Health Clinic -Day Treatment	(64,924)	Reduction in services to 16 unduplicated clients.
Community Based Organization	Mental Health	Richmond Area Multi Service Center - Day Treatment.	(35,150)	Reduction to the Day Treatment budget for adult and older adult programs. Reduction in services to 27 unduplicated clients and 240 units of service.
Community Based Organization	Mental Health	Instituto Familiar De La Raza Outreach Services	(21,437)	Will reduce services for 180 unduplicated homeless clients & 340 units of service.
Community providers	Mental Health	Private Provider Network Outpatient	(200,000)	Reduction in services to 197 unduplicated clients and 2,187 units (hours) of service.
			(2,609,202)	
Substance Abuse				
Community Based Organization	Substance Abuse	Haight Ashbury Free Clinics, Inc. - OSHUN	(790,744)	Elimination of outpatient services to 160 unduplicated clients and reduction of prevention services to 1,950 unduplicated clients.
San Francisco General Hospital (SFGH)	Substance Abuse	Ozanam Medically Supported Detox	(563,722)	Redesign of treatment model from medical detox to a social detoxification model for 20 of 38 beds operated by St Vincent De Pauls Howard Street Program. The 38 beds will remain funded in 03-04 for social model detoxification. Unduplicated clients will remain the same.
Community Based Organization	Substance Abuse	Walden House - Intensive Treatment Services	(329,877)	Elimination of services to 40 unduplicated clients.
Community Based Organization	Substance Abuse	Walden House - Continuing Care	(285,502)	Elimination of continuing care and case management services to 336 unduplicated clients.

FOOTNOTE:
UOS = Unit of Service
UDC = Unduplicated Client

Attachment A
Page 1 of 4

Facility	Service	Proposed Service Reduction or Change	Savings	Number of Persons Affected
Community Based Organization	Substance Abuse	Sheriff's Dept - Walden House substance abuse residential services	(256,000)	Elimination of residential services to jail population.
Community Based Organization	Substance Abuse	Asian American Recovery Services - COPASSA	(162,833)	Elimination of 8,200 units of service of outreach education, intervention counseling, prevention and referral.
Community Based Organization	Substance Abuse	Bayview Hunter's Point Foundation - Acupuncture Program.	(148,876)	Elimination of acupuncture services to 56 unduplicated clients for 2,800 units of service.
Community Based Organization	Substance Abuse	Asian American Recovery Services - Drug Court Treatment	(100,000)	Elimination of referral services to 89 unduplicated clients.
Community Based Organization	Substance Abuse	Sheriff's Dept -Community Works, Inc. substance abuse Roads to Recovery Program	(100,000)	Elimination of education services to jail population.
Community Based Organization	Substance Abuse	St Vincent de Paul: Multi-Service Center South	(84,989)	Elimination of case management and ancillary services to shelter clients will result in loss of 2,951 units of service to 1,540 unduplicated clients.
Community Based Organization	Substance Abuse	Episcopal Community Services: Next Door	(73,786)	Elimination of case management and ancillary services to shelter clients will result in loss of 2,700 units of service to 720 unduplicated clients.
Community Based Organization	Substance Abuse	Substance Abuse Pretrial Referral Unit	(68,601)	Reduction of service to 211 unduplicated clients and 2,530 units of service.
Sheriffs Department / County Jails	Substance Abuse	Sheriff's Dept / Probation Dept - substance abuse Post Education Release Program	(60,000)	Elimination of post education services to jail population.
Community Based Organization	Substance Abuse	Walden House: Sister Continuing Care	(53,876)	Elimination of women's outpatient aftercare treatment program will result in loss of 785 units of service to 38 unduplicated clients.
Community Based Organization	Substance Abuse	New Leaf - Acupuncture Program	(24,593)	Elimination of acupuncture services to 32 unduplicated clients for 750 units of service.
Community Based Organization	Substance Abuse	New Leaf Substance Abuse Program	(100,000)	Resources for 27 unduplicated clients and 890 units of service.
San Francisco General Hospital (SFGH)	Substance Abuse	SFGH inpatient substance abuse treatment referral team	(73,125)	Referrals to substance abuse programs will be made by social workers. No reduction in clients served.
San Francisco General Hospital (SFGH) and University of California San Francisco (UCSF)	Substance Abuse	SFGH/UCSF Dept of Psychiatry Medical Care Substance Use Services (MCSUS) Program.	(444,786)	Elimination of Outpatient substance abuse treatment to 278 unduplicated clients for 876 units of service. Elimination of Intervention and Information Dissemination components of the Prevention programfor a reduction of service to 2,100 unduplicated clients for 5,400 units of service.
			(3,721,310)	
AIDS/HIV				

FOOTNOTE:
UOS = units of service
UDC = unduplicated client

Attachment A
Page 2 of 4

Public Health Restorations by the Board of Supervisors

Facility	Service	Proposed Service Reduction or Change	Savings	Number of Persons Affected
Community Based Organization	AIDS/HIV	HIV Prevention	(600,000)	Reduction of services within all targeted behavioral risk populations to be determined using a Reverse RFP.
Community Based Organization	AIDS/HIV	Shanti - Emotional & Practical Support	(200,000)	Reduction in services for 600 unduplicated clients for 34,800 units of service.
Community Based Organization	AIDS/HIV	SF AIDS Foundation/AIDS Health Project - Emotional Support Services	(200,000)	Reduction in services to 900 unduplicated clients for 7056 hours of services and 128 evaluation hours.
Community Based Organization	AIDS/HIV	AIDS Housing Subsidies	(110,000)	Reduction of 6 full or 11 partial housing subsidies through attrition for persons with HIV.
Community Based Organization	AIDS/HIV	HIV Prevention	(400,000)	Reduction of services within all targeted behavioral risk populations to be determined using a Reverse RFP.
Community Based Organization	AIDS/HIV	Shanti - Emotional & Practical Support	(201,811)	Reduction in services for 600 unduplicated clients for 34,800 units of service.
Community Based Organization	AIDS/HIV	SF AIDS Foundation/AIDS Health Project - Emotional Support Services	(183,179)	Reduction in services to 900 unduplicated clients for 7056 hours of services and 128 evaluation hours.
Community Based Organization	AIDS/HIV	Positive Resources - Rentry to work Program for persons with HIV.	(140,000)	Elimination of 2,115 hours of service to 22 unduplicated clients.
Community Based Organization	AIDS/HIV	Ryan White Care Funds	(500,000)	Backfill of federal assistance cut due to federal fuding formula
			(2,534,990)	
General Health				
San Francisco General Hospital (SFGH)	General Health	Interpreter Services	(359,306)	Reduce staffing that will result in longer wait times for services during the day and evening and with increased reliance on bilingual staff at night.
San Francisco General Hospital (SFGH)	General Health	SFGH Patient Referral	(431,446)	Patients will be directed to outpatient clinics to make appointments with unit clerks and health workers and would talk to a triage nurse for advice. No reduction in number of patients referred but reduction in referral service venue.
San Francisco General Hospital (SFGH)	General Health	Asthma Prevention Program	(125,000)	Asthma prevention program
	General Health	Medical Respite	(500,000)	Planning and startup for medical respite of patients leaving SFGH in order to increase Medical reimbursement
			(1,415,752)	
Other				
Community Based Organization	Primary Care	Central City Hospitality House outreach and referral services to the homeless	(567,618)	Elimination of drop in services for 8,000 homeless clients receiving 59,000 UOS of outreach services.

FOOTNOTE:
UOS = units of service

FOOTNOTE:
UOS = units of service

Public Health Restorations by the Board of Supervisors

Facility	Service	Proposed Service Reduction or Change	Savings	Number of Persons Affected
Community Based Organization / County Jails	Jail Psychiatric Services	Haight Asbury Free Clinic - Psychiatric	(523,000)	Jail Health Psychiatric Services will be reduced by an estimated 14%.
Community Based Organization	Housing	Ark of Refuge - Transitional housing for gay, lesbian, bisexual, transgender, queer and questioning youth.	(335,393)	The provider has procured a less expensive space and has secured funding for the program to remain at 15 beds.
Community Based Organization	Primary Care	Shanti Lifelines Breast Cancer Case Management	(75,000)	FY 02-03 addback to Shanti for the Lifelines Breast Cancer Case Management Program will eliminate 2,753 Units of Service. Unduplicated clients not available.
Community Based Organization	Primary Care	Bayview Hunter's Point Adult Day Health	(55,554)	Eliminate adult day health services to 150 elderly clients & 9,00 units of service.
Community Based Organization	Primary Care	California Acupuncture Resources	(40,000)	Eliminate accupuncture services to 80 clients and 300 units of service.
		Homeless Seniors	(810,000)	
		Clinical Laboratory (UCSF)	(665,000)	Restoration of UCSF blood clinic operating hours to prevent closure of the blood clinic for portion of day
			(3,071,565)	
Totals				

Attachment A
Page 4 of 4

FOOTNOTE:
UOS = units of service
UDC = unduplicated client

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

JUL 10 2003

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

HEALTH COMMISSION MEETING

Tuesday, July 15, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF JULY 1, 2003**
**Minutes of July 1, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **DPH – Laguna Honda Hospital** - Request for approval to accept a gift donated by the Laguna Honda Hospital Volunteers, Inc., consisting of a 2002 Dodge Ram 3500 customized passenger van for the use of Laguna Honda Hospital residents. The van is wheelchair accessible and safety equipment has been installed to the specification of hospital staff and City regulations. The total value of the van is $37,857.
**Calendaring Request Memo and, Resolution*

(3.2) **DPH – Laguna Honda Hospital** - Request for approval to accept a gift donated by the McKesson Corporation consisting of two electric vehicles for the general benefit of all Laguna Honda Hospital residents. The electric vehicles will be used to provide tours of the Campus to educate current residents, family members, visitors and the general public about the LHH Replacement Project. The total value of the two vehicles $14,310.
**Calendaring Request Memo and, Resolution*

(3.3) **CHN-Nursing Operations** – Request for approval of contract modifications with the following firms for a combined total of $2,390,000:HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to provide supplemental, temporary per diem and traveling nursing personnel services for San Francisco General Hospital, Community Health Network, for the period of September 1, 2002 through August 31, 2003.
** Calendaring request memo, Price lists*

(3.4) **CHN-Revenue Management** – Request for approval of a contract renewal with Accordis, Inc., previously known as Health Management Systems, Inc., to provide retroactive electronic claims submissions to Medi-Cal, Medicare and Commercial/Third Party Insurance payers, when recipient eligibility was not previously identified by the Community Health Network, for the contract period of July 1, 2003 through June 30, 2004. [The contractor will only be compensated by a % of recoveries if their efforts result in revenues to CHN].
** Calendaring request memo, Monitoring report summary*

(3.5) **BHS-MIS** – Request for approval of a renewal software maintenance agreement with The Echo Group, in the amount of $411,597, to provide ongoing system maintenance and application support services for the INSYST software application in use by Community Mental Health Services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.6) **BHS-MIS** – Request for approval of a renewal software maintenance agreement with InfoMC, in the amount of $254,160, to provide ongoing system maintenance and application support services for the CCURA3 software application for Community Mental Health Services, for the period of July 1, 2003 through June 30, 2004
** Calendaring request memo, Monitoring report summary*

(3.7) **BHS-Substance Abuse** – Request for approval of a contract renewal with Potrero Hill Neighborhood House, in the amount of $390,766 per year for a total contract amount of $1,563,063, to provide intensive outpatient substance abuse services targeting youth/young adults and adult parolees/probationers, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report summary, Response letter and Corrective action plan, Client demographic information form*

(3.8) **BHS-Substance Abuse** – Request for approval of a contract renewal contract with Horizons Unlimited of San Francisco, Inc., in the amount of $1,229,156 per year for a total contract value of $5,506,619, to provide day treatment, outpatient and prevention services targeting Latino youth, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Memo to vendor, Monitoring report summaries, Response letters and Corrective action plan, Client demographic information forms*

(3.9) **BHS-Substance Abuse** – Request for approval of a contract renewal with Episcopal Community Services, in the amount of $886,645 per year for a total contract amount of $3,546,578, to provide mental health and substance abuse services targeting homeless individuals, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report summaries, Plan of correction, Client demographic information forms*

(3.10) **PHP-STD Prevention and Control** – Request for approval of a contract modification with Internet Sexuality Information Services, Inc., in the amount of $110,000 for a total contract amount of $203,900, to provide syphilis elimination services targeting men who have sex with men, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Client demographic information form*

(3.11) **PHP-Community Health Services** – Request for approval of a retroactive contract modification with the Regents of the University of California, in the amount of $483,801, for an increased total of $1,975,506, to provide Model Tuberculosis Prevention and Control Center services to local and national TB health care providers, professionals and funders, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo, Monitoring report summary*

(3.12) **PHP-Community Health Services** – Request for approval of a renewal contract with AmeriChoice, in the amount of $228,657, to provide fiscal intermediary services to the Personal Assisted Employment Services for dental services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.13) **PHP-AIDS Office HIV Services** – Request for approval to retroactively accept and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,482,354, of which $1,437,487 is a request to retroactively approve a three-year sole source contract with UCSF-AIDS Health Project. The period of the grant and the contract is June 1, 2003 to May 30, 2006.
** Calendaring request memo, Grant information form, Budget summary and justification*

(3.14) **PHP-AIDS Office Research** – Request for approval to retroactively accept and expend a subcontract from Public Health Foundation Enterprises, Inc., in the amount of $405,101, to fund a project for "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2003 to May 31, 2004.
** Calendaring request memo, Grant information form, Budget summary*

(3.15) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Lavender Youth Recreation and Information Center, in the amount of $141,000, to provide HIV prevention services targeting youth, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.16) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Stop AIDS Project, in the amount of $875,871, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.17) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Larkin Street Youth Services, in the amount of $190,968, to provide HIV prevention services targeting homeless and runaway adolescents and young adults ages 13-23, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Response letter, Monitoring report summary, Agency response to monitoring report, Client demographic information form*

(3.18) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Westside Community Mental Health Inc., in the amount of $135,302, to provide HIV prevention services to female African American injection drug users, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.19) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Harm Reduction Coalition in the amount of $157,337, to provide harm reduction training services targeting HIV prevention service providers, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report letter and summary, Client demographic information form*

(3.20) **PHP-AIDS Office Prevention**– Request for approval of a renewal contract with Haight Ashbury Free Clinic, Inc., in the amount of $605,727, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.21) **PHP-AIDS Office Prevention** – Request for approval of a new sole source contract with Public Health Foundation Enterprises, Inc., in the amount of $88,995, to provide fiscal administrative services for the "Post Marketing Surveillance for the OraQuick Rapid HIV-Antibody Test" project, targeting persons who have received an OraQuick test at a CDC or State government-funded site, for the period of July 1, 2003 through December 31, 2003.
* *Calendaring request memo, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JULY**
**List of Awardees*

6) **FOR DISCUSSION:** **BIOTERRORISM EXERCISE EVALUATION**
(Susan Fernyak, M.D., Director, Community Health Epidemiology)
**Report*

7) **FOR DISCUSSION:** **FISCAL YEAR 2003-04 BUDGET UPDATE**
(Gregg Sass, DPH Chief Financial Officer)
**Update*

8) **PUBLIC COMMENTS**

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

ADDENDUM

TO

HEALTH COMMISSION AGENDA

Tuesday, July 15, 2003
3:00 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

The following item has been added to the Consent Calendar of the Budget Committee:

(3.22) ***PHP-EMSA*** – Request for approval to retroactively accept and expend funds in the amount of $920,650 from the Emergency Medical Services Fund to reimburse providers for emergency medical services rendered during the period July 1, 2002 to June 30, 2004 and for administrative costs associated with the program.
** Calendaring request memo*

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

03

MINUTES

DOCUMENTS DEPT.

AUG 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, July 15, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Commission was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sánchez, Ph.D.

Absent: Commissioner Lee Ann Monfredini
Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF JULY 1, 2003

Action Taken: The Commission (Chow, Guy, Parker, Sánchez) approved the Minutes of the June 17, 2003 meeting with one change to Commissioners' Comments pertaining to Item 4, page 6. Commissioner Chow added "Population Health and Prevention" before "Joint Conference Committee" in the following comment:

"There has been a request that there be additional presentation to the [Population Health and Prevention] Joint Conference Committee to describe the impact, especially because the identified Rite Aid is not always very close to the patient's clinic."

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sánchez chaired, and Commissioner Parker attended, the Budget Committee meeting. Commissioners Monfredini, Penn and Umekubo were absent.

(3.1) **DPH – Laguna Honda Hospital** - Request for approval to accept a gift donated by the Laguna Honda Hospital Volunteers, Inc., consisting of a 2002 Dodge Ram 3500 customized passenger van for the use of Laguna Honda Hospital residents. The van is wheelchair accessible and safety equipment has been installed to the specification of hospital staff and City regulations. The total value of the van is $37,857.

(3.2) **DPH – Laguna Honda Hospital** - Request for approval to accept a gift donated by the McKesson Corporation consisting of two electric vehicles for the general benefit of all Laguna Honda Hospital residents. The electric vehicles will be used to provide tours of the Campus to educate current residents, family members, visitors and the general public about the LHH Replacement Project. The total value of the two vehicles $14,310.

(3.3) **CHN-Nursing Operations** – Request for approval of contract modifications with the following firms for a combined total of $2,390,000:HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to provide supplemental, temporary per diem and traveling nursing personnel services for San Francisco General Hospital, Community Health Network, for the period of September 1, 2002 through August 31, 2003.

(3.4) **CHN-Revenue Management** – Request for approval of a contract renewal with Accordis, Inc., previously known as Health Management Systems, Inc., to provide retroactive electronic claims submissions to Medi-Cal, Medicare and Commercial/Third Party Insurance payers, when recipient eligibility was not previously identified by the Community Health Network, for the contract period of July 1, 2003 through June 30, 2004. [The contractor will only be compensated by a % of recoveries if their efforts result in revenues to CHN].

(3.5) **BHS-MIS** – Request for approval of a renewal software maintenance agreement with The Echo Group, in the amount of $411,597, to provide ongoing system maintenance and application support services for the INSYST software application in use by Community Mental Health Services, for the period of July 1, 2003 through June 30, 2004.

(3.6) **BHS-MIS** – Request for approval of a renewal software maintenance agreement with InfoMC, in the amount of $254,160, to provide ongoing system maintenance and application support services for the CCURA3 software application for Community Mental Health Services, for the period of July 1, 2003 through June 30, 2004

(3.7) **BHS-Substance Abuse** – Request for approval of a contract renewal with Potrero Hill Neighborhood House, in the amount of $390,766 per year for a total contract amount of $1,563,063, to provide intensive outpatient substance abuse services targeting youth/young adults and adult parolees/probationers, for the period of July 1, 2003 through June 30, 2007.

Commissioner's Comment

- Commissioner Parker recommended that this item be held out individually for approval of the full Health Commission, enabling the Commission to publicly honor Enola Maxwell, the former Director of the Potrero Hill Neighborhood House.

(3.8) **BHS-Substance Abuse** – Request for approval of a contract renewal contract with Horizons Unlimited of San Francisco, Inc., in the amount of $1,229,156 per year for a total contract value of $5,506,619, to provide day treatment, outpatient and prevention services targeting Latino youth, for the period of July 1, 2003 through June 30, 2007.

Commissioners' Comment

- Commissioner Sánchez requested a follow-up report to the Population Health and Prevention Joint Conference Committee, specifically regarding units of service, demographics and how data are tracked and quantified among different types of contracts.

(3.9) **BHS-Substance Abuse** – Request for approval of a contract renewal with Episcopal Community Services, in the amount of $886,645 per year for a total contract amount of $3,546,578, to provide mental health and substance abuse services targeting homeless individuals, for the period of July 1, 2003 through June 30, 2007.

(3.10) **PHP-STD Prevention and Control** – Request for approval of a contract modification with Internet Sexuality Information Services, Inc., in the amount of $110,000 for a total contract amount of $203,900, to provide syphilis elimination services targeting men who have sex with men, for the period of January 1, 2003 through December 31, 2003.

Public Comment

- Patrick Monette-Shaw submitted hand-written testimony regarding item 3.10. Instructions submitted by Mr. Monette-Shaw with the comments read: "Do not type, will e-mail to you." E-mailed comments were never received but original written comments can be found in the Department's Health Commission meeting files.

(3.11) **PHP-Community Health Services** – Request for approval of a retroactive contract modification with the Regents of the University of California, in the amount of $483,801, for an increased total of $1,975,506, to provide Model Tuberculosis Prevention and Control Center services to local and national TB health care providers, professionals and funders, for the period of January 1, 2003 through December 31, 2003.

Commissioner Sánchez abstained from voting on this item.

(3.12) **PHP-Community Health Services** – Request for approval of a renewal contract with AmeriChoice, in the amount of $228,657, to provide fiscal intermediary services to the Personal Assisted Employment Services for dental services, for the period of July 1, 2003 through June 30, 2004.

(3.13) **PHP-AIDS Office HIV Services** – Request for approval to retroactively accept and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,482,354, of which $1,437,487 is a request to retroactively approve a three-year sole source contract

with UCSF-AIDS Health Project. The period of the grant and the contract is June 1, 2003 to May 30, 2006.

Commissioner Sánchez abstained from voting on this item.

(3.14) **PHP-AIDS Office Research** – Request for approval to retroactively accept and expend a subcontract from Public Health Foundation Enterprises, Inc., in the amount of $405,101, to fund a project for "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2003 to May 31, 2004.

(3.15) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Lavender Youth Recreation and Information Center, in the amount of $141,000, to provide HIV prevention services targeting youth, for the period of July 1, 2003 through June 30, 2004.

(3.16) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Stop AIDS Project, in the amount of $875,871, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.

(3.17) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Larkin Street Youth Services, in the amount of $190,968, to provide HIV prevention services targeting homeless and runaway adolescents and young adults ages 13-23, for the period of July 1, 2003 through June 30, 2004.

(3.18) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Westside Community Mental Health Inc., in the amount of $135,302, to provide HIV prevention services to female African American injection drug users, for the period of July 1, 2003 through June 30, 2004.

(3.19) **PHP-AIDS Office Prevention** – Request for approval of a renewal contract with Harm Reduction Coalition in the amount of $157,337, to provide harm reduction training services targeting HIV prevention service providers, for the period of July 1, 2003 through June 30, 2004.

(3.20) **PHP-AIDS Office Prevention**– Request for approval of a renewal contract with Haight Ashbury Free Clinic, Inc., in the amount of $605,727, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2003 through June 30, 2004.

(3.21) **PHP-AIDS Office Prevention** – Request for approval of a new sole source contract with Public Health Foundation Enterprises, Inc., in the amount of $88,995, to provide fiscal administrative services for the "Post Marketing Surveillance for the OraQuick Rapid HIV-Antibody Test" project, targeting persons who have received an OraQuick test at a CDC or State government-funded site, for the period of July 1, 2003 through December 31, 2003.

(3.22) PHP-EMSA – Request for approval to retroactively accept and expend funds in the amount of $920,650 from the Emergency Medical Services Fund to reimburse providers for emergency medical services rendered during the period July 1, 2002 to June 30, 2004 and for administrative costs associated with the program.

Action Taken: The Commission (Chow, Guy, Parker, and Sánchez) approved the Budget Committee consent calendar, approving Item 3.7 separately. Commissioner Parker introduced a motion approving Item 3.7 and recognizing Enola Maxwell's outstanding service to the community, honoring her memory and

acknowledging her work as the Director of the Potrero Hill Neighborhood House. Sánchez seconded and the Commission approved the motion.

Commissioner Sánchez abstained from voting on Items 3.11 and 3.13.

The Commission requested a follow-up report to the Population Health and Prevention Joint Conference Committee regarding Item 3.8, specifically regarding units of service, demographics and how data are tracked and quantified among different types of contracts.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Alliance Announces New Best Practice in Ending Chronic Homelessness
Earlier this month, DPH's Direct Access to Housing (DAH) program was identified by the National Alliance to end homelessness as one of only a handful of model best practice programs in the nation that address and prevent homelessness. The Alliance highlighted DAH's significant achievements in improving the health care service utilization of its residents, including reduced reliance on emergency room care, acute inpatient hospitalizations, and psychiatric hospitalizations.

Michael Petrie, EMS Section
Michael Petrie, Administrator of the EMS Section, was recently selected, as one of 20 civilians nationwide, to enter the prestigious United States Naval Postgraduate School's Master's Degree Program in Homeland Defense and Security. This 18 month program is fully funded by the United States Department of Justice, Office of Domestic Preparedness, and is designed to provide a graduate level education and develop research to help strengthen America's capability to prevent, deter, and respond to terrorist attacks, and to foster interagency cooperation, which is critical to terrorism preparedness. This program is regarded worldwide as the best of its class in this discipline.

Youth Health Advisor appointed to PHP JCC
The Population Health and Prevention Joint Conference Committee is pleased to announce the appointment of Nicole Williams as its first Youth Health Advisor. Nicole will be a junior at Mission High School this fall, she is 16 years old, and is interested in pursuing a career in medicine.

As the Youth Health Advisor to the PHP JCC, Nicole will work to identify and voice the concerns and needs of youth in San Francisco. Nicole will also work with the Office of Adolescent Health on DPH's annual adolescent health report. Nicole will be supervised and mentored by Iman Nazeeri-Simmons, Adolescent Health Coordinator, and Maria Cora, Women's Health Coordinator. The Health Commission and the Office of Adolescent Health are very excited to have Nicole's energy and expertise as a part of the PHP JCC.

Centralized Behavioral Health Court
San Francisco Judge Susan Breall initiated the creation of a Centralized Behavioral Health Court in collaboration with Community Behavioral Health Services (CBHS), the Public Defender's Office, the District Attorney, Probation, and other behavioral health service providers. The Centralized Behavioral Health Court is scheduled to begin on July 14, 2003 and brings together the various drug and mental health courts, such as Drug Court, Proposition 36 Court and Mental Health Court.

The Court will focus on addressing the treatment needs of clients. The Court will use a combination of services, incentives, and sanctions, to get clients the help they need to not offend again, and to get their lives on an improved track. Services will include mental health and substance abuse treatment, case management, housing, education, and vocational training.

SFGH Regulatory Visit - JCAHO

On June 5, a JCAHO surveyor conducted an unannounced survey stemming from a report that SFGHMC was placing patients inappropriately as a result of the hospital's "no verbal/telephone order" policy. (The "no verbal/telephone order" policy was implemented in response to JCAHO's own Type I recommendation in 2002, citing a lack of documents authenticating verbal orders within regulated timeframes.) The surveyor interviewed staff, reviewed closed and open medical records, personnel files, and hospital policies related to verbal/telephone orders.

On June 25, the follow up report from the JCAHO surveyor showed no Type I recommendations. There were, however, supplemental recommendations regarding verbal orders, such as a need to reconcile language differences between the nursing policy, hospital-wide policy, and the medical bylaws. The surveyor also recommended that SFGHMC design a data collection system to determine the impact of the policy on non-emergent cases. The hospital has already initiated the process of re-reviewing and reconciling all hospital policies and procedures and has begun monitoring the impact of this decision.

DHS/Renal Center

On June 9 two nurse-reviewers from DHS-Berkeley/Contra Costa conducted an unannounced four-day re-certification visit of the UCSF Renal Center. The purpose of the review was to recertify the Renal Center's UCSF provider number, despite the Department having already submitted an application to DHS to place the Renal Center on SFGHMC's license and receive an SFGH provider number. There were no violations to the Conditions of Participation and only minor deficiencies noted.

As a result of the application to DHS to acquire a new provider number for the Renal Center, SFGHMC received an unannounced on-site visit from DHS-Daly City on July 2. The surveyor mentioned the need to establish an advisory board with oversight responsibilities. A return site visit is anticipated.

DHS/Long Term Care Facilities

From June 16-19, SFGHMC successfully completed its annual DHS licensing and certification visit for long term care facilities. DHS conducted an unannounced visit of the Mental Health Rehabilitation Facility and 4A-SNF, and reviewed various support services. There were no major quality of care or resident issues mentioned. Minor deficiencies were noted in patient assessment, accident prevention, and fire safety. SFGHMC will provide a written plan of correction in response to deficiencies.

Institutional Police Transfer to Sheriff

Effective May 10 supervision of the Institutional Police was transferred from DPH to the Sheriff's Department. The IP's are now officially Sheriff Deputies. The majority of these new deputies at SFGHMC, 101 Grove and the primary care clinics are now doning Sheriff Deputy uniforms. This transfer will provide better back up for our staff and facilities.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL

July 2003
Health Commission - Director of Health Report
(From 07/07/03 MEC)

	7/03	7/02 to 6/03
New Appointments	25	221
Reinstatements	0	3
Reappointments	22	341
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	18	137
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	7	32
Voluntary Relinquishments	1	36
Proctorship Completed	7	179

Current Statistics – as of 7/1/03	
Active Staff	427
Affiliate Professionals (non-physicians)	155
Courtesy Staff	503
Total Members	1,085

Application In Process	30	
Applications Withdrawn Month of July 2003	2	19 (07/02 to 6/03)
SFGH Reappointments in Process August 2003 to November 2003	168	

Commissioners' Comments:

- Commissioner Chow commented on the amazing number of unannounced surveys, noting that it was good to hear there were such positive findings consistently.

- Commissioner Chow asked how does the centralization of the Department's behavioral health programs impact changes like those seeing in the Court. Dr. Katz said that the Department is a leader in the creation of a new behavioral health model, and is now asking everyone else to catch up. The court readily is recognizing that clients are often dually diagnosed, in need more of treatment (substance abuse and mental health) than incarceration. Commissioner Chow asked if this is the centralized court in San Francisco. Dr. Katz answered that it was, for the dually diagnosed.

- Commissioner Sánchez noted that the next protocol is to link the Court and Youth Guidance Center with schools. Dr. Katz said that this particular program would not do this because it is the adult court and juveniles are handled through a different Court. The juvenile court has been recognizing the needs of individuals with dual diagnosis, but Dr. Katz agreed that there is more work to be done in transitioning and coordinating within the jail, health and school systems.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JULY

Commissioner Chow presented the July Employee Recognition Awards.

Team Awardees	Division	Nominated by
Dana Horton, MSW, and	San Francisco General Hospital, Medical Social Services	Alicia Boccialiari, Director, Psychosocial Medicine Joseph Headlee, Clinical Supervisor, Medical Social Services Leigh Kimberg, MD, Medical Director, Maxine Hall Health Center Sharon Kwong, Clinical Supervisor, Medical Social Services Penney Mitchell, Assistant Hospital Administrator, and Maureen O'Neil, Clinical Supervisor, Medical Social Services
Greg Merrill, LCSW	San Francisco General Hospital Trauma Recovery Center	

6) BIOTERRORISM EXERCISE EVALUATION

Susan Fernyak, M.D., Director, Community Health Epidemiology, presented this report, prepared by Dr. Fernyak and Amy Pine, Immunization Program Manager.

On June 17, 2003, the Department of Public Health held a mass immunization exercise at Bill Graham Civic Auditorium. The exercise was the first of its kind in the nation to test a local jurisdiction's ability to vaccinate a large number of individuals within a short time frame. Organizers selected a smallpox vaccine scenario because it presents the most difficult challenge to execute.

Nearly 200 staff and 1400 volunteer patients participated in the day-long event. Approximately 100 individuals representing the Centers for Disease Control and Prevention, the State, local and regional cities and counties and emergency response agencies came to observe and participate.

The following goals were formulated in March 2003:

- Test DPH's ability to provide mass vaccinations:
    - Accommodate 300 - 350 patients an hour
    - Operate site in English, Cantonese, and Spanish
- Test DPH's ability to recruit volunteer "patients" from the community.
- Activate DPH's Departmental Operations Center (DOC).
- Evaluate the drill and provide information to other jurisdictions interested in creating a similar exercise.There were 66 working days to plan the entire event. Project leaders were designated, a Steering Committee was formed and tasks were delegated regarding supplies, equipment, logistics, staff and patient recruitment, marketing of the event, evaluation of the event and activation of the DOC.

The drill was funded by salary savings from a federal bioterrorism preparedness grant, and cost approximately $95,000 (excluding personnel).

The exercise was evaluated in three ways:

1) A time-motion study was conducted to determine the average amount of time spent in the clinic per patient. Each DPH staff member had a code, and each patient volunteer had a data collection sheet. Every interaction with a staff member was documented with a time stamp. This study also examined average amount of time per station at the clinic, and specific amounts of time for different activities. This was set up via a contract with James Bowman Associates, Inc. Data from the time-motion study are still being analyzed.

2) Patients completed "Patient Evaluation Forms" to learn their feedback regarding understandability of information and site organization. Their responses were entered into a database on-site at the June 17th event and have already been analyzed.

3) DPH staff members participated in debriefing sessions at the end of the event to determine what was successful and what was not successful in their assigned work areas. This information was all documented. DPH staff also completed "Staff Feedback Sheets" for qualitative responses about communication on-site, supplies, and their job training. Final analysis of this data is expected by July 22.

All evaluation and project information will be available in a comprehensive "Final Report." The target date for completion of this report is July 31. The report will also be available on the SFDPH website.

Approximately 1,400 patients came through the exercise. Self-Reported information from the patient evaluation forms reveals the following:

- The median age of all patients was 42.
- 63% of patients completed the exercise in 90 minutes or less.
- 12% of patients did not speak English at home.
    - Languages spoken at home included Cantonese, Spanish, Tagalog, American Sign Language, Vietnamese, Russian, Korean, French, Portuguese, Mandarin and other Chinese

Question from Patient Evaluation Form	% of All Patients Who Agreed	% of Monolingual Patients Who Agreed
Medical History and consent Form was easily understandable	63%	57%
Exercise was well organized and orderly	94%	87%
DPH Staff was confident and knowledgeable	90%	77%
Patient was able to understand all written information given	93%	81%
Patient was informed of right to decide against vaccination	87%	78%

A. Significant gaps/barriers identified for a real emergency scenario

- There was a need for greater security. DPH staff assigned to specific areas had multiple job functions for that specific area. Asking them to act as security guards in addition was overwhelming. More people needed to be designated specifically to watch patients and ensure that they were not loitering or in need of assistance.
- Clear, large and creative signage is of paramount importance. When large rooms are full of people, pointing to a sign for the next station is only minimally effective. Larger signs in more visible display positions were necessary.
- Designate more time for staff training. For this exercise, Job Action Sheets were used with clear job descriptions, but most staff members received 45 minutes of training and for some this were not sufficient. In a real emergency, doors should not open until all staff is adequately trained.
- There was need for increased mental health staff presence.
- Based on staff estimates for the June 17th drill, in a real emergency, with 40 different mass vaccination sites happening simultaneously, 16,000 staff members would need to be recruited for two shifts of work per day.

B. How well did we meet our goals?

- The primary goal of this exercise was to test our ability to provide mass vaccinations. While data is still being analyzed, preliminary information demonstrates that we were able to communicate clearly and effectively in English, Cantonese and Spanish, and that we were able to move up to 350 patients an hour through the clinic.
- Based on the number and diversity of the patients who came to the June 17th exercise, we were also able to accomplish our goal of patient recruitment from the community. We had hoped that the clients who came would reflect the diversity of the San Francisco community and this was, indeed the case.
- Our next steps will be to share our lessons learned and identified information with other public health departments or interested parties. The final report for this project will be posted on the SFDPH website, and future presentations will also be developed to share with others.

Commissioners' Comments

- Commissioner Chow asked why it takes each individual an average of ninety minutes to get immunized. Dr. Fernyak explained that with smallpox vaccinations there is a large educational

component and informed consent involved. Commissioner Chow also asked about the Medical History and Consent form that was reported to be not well understood by participants, how will this form be improved. Dr. Fernyak explained that this was a Centers for Disease Control (CDC) form, so the Department will provide the feedback to the CDC.

- Commissioner Chow asked about the number of personnel that would be needed for a large-scale vaccination and the size of the site required. Dr. Fernyak said that if 40 mass vaccination sites were activated, 16,000 staff members would need to be recruited for two shifts of work per day. Each site would need 200 personnel per shift for sites to cover the City's residents and visitors. The Department is looking to use schools, with a large room (basketball court or auditorium) as well as smaller rooms to have the educational component.

- Commissioner Guy pointed out that when you have these types of exercises you learn something applicable for this type of scenario and for other emergencies. Commissioner Guy's question was what is the Department doing to pursue agreements with the sites that we will need to use in case of an emergency of this type. Dr. Fernyak explained that the Department now has a better idea of what types of sites are required. The Department is getting extra money to use for bioterrorism activities that it plans to use partially to set up agreements with appropriate sites.

- Commissioner Chow asked when they did the prophylaxis for Anthrax in Washington D.C., did they use a similar process? Dr. Fernyak said that there were mass sites set up in DC during this time, but that most people that went to sites these were already exposed. The Department tested a different scenario where people had not been exposed and would need informed consent before being vaccinated.

- Commissioner Guy expressed her concern about the range of ages that were not well represented in the exercise. How will the Department deal with children, frail elderly, etc? Dr. Fernyak said there are quite a few target groups to consider, and some were represented at the event. Some other groups will need to be addressed in planning.

- Commissioner Chow asked how the Department would schedule this type of event over five days, when people may all want to come at once. Dr. Fernyak said that the Department has not worked this out exactly. The first groups will be high-risk individuals, including medical, health and emergency workers, and all contacts for smallpox cases. The general population will need to be organized, an issue the Department understands but has not answered.

- Commissioner Chow asked when the Commission would hear about next steps. Dr. Fernyak said that the next step is to know the results of the time motion analysis. The Department will then have a staff working-group to arrange for identified people to set up sites if an emergency situation occurs. Issues to consider have been identified through the exercise, and there will be 6-8 months of planning to work them all out. Dr. Katz said that the Department did this presentation early because it was so extraordinary, the largest exercise in the United States with a short planning period. The Department will forward additional results to the Commission in written form. Dr. Katz also noted that the issue now is to determine the best way to keep the Commission and the Department involved in emergency planning. Generally the Commissioners are updated through the annual Emergency Medical Services report. However, at this time, there is more awareness around the idea that a real biological emergency may occur. Rather than health being a part of the planning (as in the case of an earthquake) it would be the lead agency in dealing with certain events. Dr. Katz said that he would look at the meeting schedule and plan for an update every six months

regarding the Department's emergency preparedness around biological events. The Health Commission agreed to this approach.

- Commissioner Parker noted that this was an excellent learning exercise. Commissioner Parker said that one of the most important things is flexibility. We need to know exactly what to expect when an event happens and be flexible in our response. He suggested the use of numbers in helping vaccinees get from station to station, as everyone can understand numbers.

- Commissioner Guy supported what Dr. Katz said about the Department getting more involved in emergency planning.

7) FISCAL YEAR 2003-04 BUDGET UPDATE

Gregg Sass, DPH Chief Financial Officer, presented the budget update, reporting that as of today's meeting, the Board of Supervisors will approve the first reading of the budget and the second reading will be in one week. Hearings by the Budget Committee of the Board of Supervisors have occurred, and the Department has incorporated the budget cuts proposed by the Budget Analyst and the restorations proposed by the Budget Committee. The Department understands that the Mayor endorses the Budget Committees restorations. Final approval of the Budget Committee's recommendations is expected in July.

The Department's General Fund is declining $35.7M. There are few service reductions, and the Department has made up for the declining General Fund and increasing costs of doing business with administrative reductions, concessions from labor via MOU changes and additional revenues.

The Department has also committed to returning a surplus of $16.7M to the General Fund for 2002-03. The Department was fortunate to be able to project a surplus for 2002-03 and also budget growth in revenues for 2003-04, the combined effect of which is over $45M and has enabled the Department to avoid additional service reductions.

Overview of the Budget Process

DPH Baseline budget and contingency cuts

The 2003-04 budget process has been the most was the difficult in the past decade. The City faced a $357M budget shortfall. Public Health receives nearly 25% of $1.2B in discretionary General Fund. It was therefore anticipated that the Department would absorb a similar reduction to our General Fund. The Department's initial budget submission, following three rounds of contingency cuts, included a $39.5M reduction to the General Fund accompanied by an additional contingency plan that would have reduced the General Fund an additional $21.6M for a total reduction of $70.1M or 24% of the $291M General Fund budget. In addition, the Department committed to returning a $12.7M General Fund Surplus for the 02-03 fiscal year that would carryover to defray budget shortfalls for the coming year. That commitment included an $8.7M mid-year surplus plus an additional $4M commitment made during the budget process.

Mayor's Office

Throughout the budget process, the Mayor's Finance Office worked to identify revenues and consolidate costs of citywide services. Following is a brief outline of items that affected the Department's budget.

Offline adjustments by the Mayor's Office
The Mayor's Office identified a number of initiatives to reduce the overall citywide deficit. This process identified over $10M in additional revenues for DPH, including a $3.7M increase in realignment revenue, $3.2M in work-order revenues for mental health and substance abuse services, a $1.45M revenue transfer from the Department of Building Inspection to help fund the Master Lease and SRO Collaborative program, and $0.9M in increased recoveries for services to members of Healthy Workers.

The Department was able to increase its commitment to return an additional $3.8M surplus in 02-03. This was also considered as a source of funds to allow restoration of service cuts.

Labor concessions
Labor negotiations resulted in $16.5M in savings to DPH related to transfer of responsibility for employee pension contributions. Additional concessions were made in exchange for a commitment to reverse budget cuts to the MHRF and the LHH laundry. The Department was able to restore $2.1M in service cuts and avoid $21.6M in contingency cuts.

Department of Public Health Administrative Cuts

Position deletions	
•SFGH (21FTEs)	$1.4M
•Office of Managed Care (15FTEs)	0.9M
•LHH (9FTEs)	0.4M
•Health Centers (6FTEs)	0.5M
•DPH Admin (18FTEs)	2.3M
•Behavioral Health, Prevention (6FTEs)	0.5M
•AIDS Office (8FTEs)	0.6M
Subtotal (83FTEs)	**$6.6M**
Restructuring of Pharmacy Benefit	1.0M
Other non-salary cuts	0.8M
Total administrative reductions	**$8.4M**

Board of Supervisors
The Board of Supervisors held Bielenson Hearings on June 10. The Department's hearings with the Budget Committee took place on June 11 and June 26. At the June 26 hearing, the Budget Analyst presented their listing of proposed cuts to the Department, which had been reduced from an initial listing of $1.3M to $0.8M. At the meeting, the Budget Analyst agreed to further reduce proposed cuts to $0.5M.

On Saturday, June 28, the Budget Committee announced the amount of restorations. The Committee recommended restoration of $13.4M in General Fund to restore $10.8M in service reductions and $2.6M in funding for new services, including $500K in funding to backfill federal Ryan White AIDS funding, $500K to fund planning and startup costs for medical respite care to patients leaving SFGH, $810K to fund housing for homeless seniors and $665K to enable UCSF to continue to maintain operations at the blood clinic.

Citywide, the Budget Committee restored a total of $24.1M in programs. Funding to cover restorations were only $18.4M. The Mayor's office is working to identify $5.7M of additional funding to re-balance the budget. The Department recently identified $0.75M in Federal matching funding that was

part of the recent tax bill signed in June and will likely flow to the Department. It appears that the Department will see a substitution of this revenue for General Fund to help balance the budget and close the $5.7M funding gap.

Capital Budget
The Capital budget is set at $2.55M, all but $23,000 of which is for facility maintenance. The Equipment budget is $2.52M. It was necessary to reduce capital expenditures in order to avoid service cuts. However, this continues a chronic underfunding of capital investment to support the Department's infrastructure.

Future Challenges
Looking forward, there several challenges in managing within budget over the coming year.

Adequacy of City Reserves for State Cuts
The Mayor set aside $30M in reserves to fund reduced City revenues resulting from State budget cuts. The reserves were based on a forecast of cuts included in the Governor's May revise. Continuing pressure from the Republican side of the legislature to prevent a sales tax increase creates the potential for additional spending cuts that could exceed established reserves. This could lead to mid-year cuts, to re-balance the City's budget.

Impact of Unbudgeted Inflation in Costs of Materials and Supplies
The budget did not include adequate provision for inflation in the cost of medical services and supplies. The Department has had increasing difficulty managing expenditures within existing appropriations.

Unbudgeted Costs of Floating Holidays
In exchange for labor concessions to pick up the employees 7.5% pension contribution, labor MOUs included 5 additional floating holidays. Where these holidays have been granted to clinical employees and other classes at the Hospitals, Clinics and Jail Health that must be backfilled, the Department will incur additional expense that is not budgeted. Our analysis indicates that the estimated cost of backfilling these holidays will cost the Department $2M -$3M that will need to be offset with savings elsewhere. The cost estimates vary depending upon whether the Department backfills with regular salary or overtime.

Commissioners' Comments:

- Commissioner Parker noted that the Department is giving staff five additional holidays and some will have to be back-filled to keep services going. He asked if the Department really saves money by doing this. Mr. Sass noted that there is an overall savings because of the 7.5% that many employees are giving up from their salaries. Not all employees will need to be filled in for when they miss work, only clinical staff.

- Commissioner Sánchez commended Mr. Sass and the rest of the staff who pulled together so well on this difficult budget.

- Commissioner Guy noted that Mr. Sass's leadership was critical and appreciated in his first year as Chief Financial Officer. She also said that the Department might see some mid-course corrections that could be in its favor, but that the Department also has to be vigilant as there is not yet a State budget. Mr. Sass said that a problem this huge brought an active involvement from all of the Department's leaders. In many ways it was a harder year for the Department, but in some ways better to have such a high level of cooperation from staff and management.

- Commissioner Chow pointed out that this was one of the most arduous and difficult budget years in memory. The Department took the opportunity to improve their operations. Additionally, the Commissioners have learned about many of the Department's programs through this process.

8) PUBLIC COMMENTS

Joseph McInerney spoke out against Conard House, Progress Foundation and Baker Places. He said that the Department was aiding and abetting these organizations in a criminal act of involuntary servitude, requiring residential clients to perform chores. He also requested an audit of the All-Star Hotel, as it is a slum and nothing has been done to improve it. In addition, he does not believe that Institutional Police can be used at these sites.

9) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Frances Culp
Acting Executive Secretary
to the Health Commission

DEPARTMENT OF PUBLIC HEALTH
DIRECTOR'S OFFICE-RM 310
101 GROVE STREET
SAN FRANCISCO, CA 94102

Government Inf. Center (2)
S.F. PUBLIC LIBRARY, CIVIC CENTER
100 Larkin Street, 5th Floor
San Francisco, CA 94102

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

Agenda

PUBLIC NOTICE

DOCUMENTS DEPT.

JUL 24 2003

SAN FRANCISCO
PUBLIC LIBRARY

CANCELLATION

HEALTH COMMISSION MEETING

Please note that the regular Health Commission meeting scheduled for Tuesday, August 5, 2003 has been cancelled.

The next regularly scheduled meeting will be Tuesday, August 19, 2003 at 3:00 p.m., 101 Grove Street, Room #300, San Francisco, as usual.

An agenda will follow.

For information call the Health Commission Office at 554-2666

Posted July 18, 2003

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

AUG 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, August 19, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF JULY 15, 2003**
**Minutes of July 15, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

4) FOR DISCUSSION: **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION**: **AUGUST EMPLOYEE RECOGNITION**

6) **FOR DISCUSSION**: **4th QUARTER REVENUE AND EXPENDITURE REPORT**
(Gregg Sass, Chief Financial Officer)

7) **FOR DISCUSSION AND PROPOSED ACTION**: **UPDATE ON STATE HEALTH INSURANCE EXPANSION PROPOSALS**
(Colleen Johnson, Assistant Director, Policy and Planning)
**Report and Resolution*

8) **FOR DISCUSSION**: **DCYF CHILDREN'S SERVICES ALLOCATION PLAN**
(Nani Coleretti, Dir, Budget & Planning and Tajel Shah, Assistant Dir., Technology & Communications Strategy; Department of Children, You and Families)
**Report*

9) **FOR DISCUSSION AND PROPOSED ACTION**: **RESOLUTION REGARDING RACIAL PRIVACY INITIATIVE**
(Frances Culp, Health Program Planner, Policy and Planning)
**Report and Resolution*

10) **PUBLIC COMMENTS**

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

/03

DOCUMENTS DE

AUG 2 8 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, August 19, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 15, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the July 15, 2003 Health Commission meeting.

Commissioners' Comments

- Commissioner Chow noted that an omission from the minutes of July 1, 2003 had been brought to the Commission's attention. These minutes have been approved and finalized at the July 15, 2003 Health Commission meeting. However, Commissioner Chow stated for the record that Dr. Katz commented on July 1 about the Blue Ribbon Committee charged with studying the Mental Health Rehabilitation Facility. Dr. Katz mentioned in the meeting that he is chairing the Committee and that it will meet in the second week of September. Dr. Katz noted that he would provide an update about the Committee to the Commission later in July. Dr. Katz noted that the update is happening this month instead as part of the Director's Report.

3) **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(3.1) **Central Administration-Policy and Planning** – Request for approval to retroactively accept and expend 52 recurring grants from the State of California for FY 2003-2004.

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a modification of a sole source contract with Mission Neighborhood Health Center, in the amount of $14,157, for a total contract amount of $84,597, to provide HIV treatment outreach and counseling, testing and referral services targeting HIV-positive Latinos/as living in and around the Mission District, for the period of January 1, 2003 through September 29, 2003.

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Aguilas, Inc., in the amount of $334,418, to provide HIV prevention education services, for the period of July 1, 2003 through June 30, 2004.

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Black Coalition on AIDS, in the amount of $144,169, to provide HIV prevention education services targeting the African American high-risk population, for the period of July 1, 2003 through June 30, 2004.

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Iris Center, in the amount of $212,137, to provide HIV prevention services, for the period of July 1, 2003 through June 30, 2004.

(3.6) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation HIV Prevention Project, in the amount of $591,696, to provide HIV prevention and needle exchange services targeting injection drug users, for the period of July 1, 2003 through June 30, 2004.

(3.7) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $128,801, to provide HIV prevention services, for the period of July 1, 2003 through June 30, 2004.

(3.8) **CHP-AB 75 Project** – Request for approval to accept and expend retroactively a grant allocation in the amount of up to $3,929,439, from the State Department of Health Services through its California Healthcare for Indigents Program, to provide reimbursement for health services delivered to indigent persons, for the term of FY 2003-2004.

(3.9) **CHP-Homeless Program** – Request for approval of a retroactive sole source contract renewal with Central City Hospitality House, in the amount of $567,618, to provide drop-in and self help services for the homeless, for the period of July 1, 2003 through June 30, 2004.

(3.10) **CHPP-Injury Prevention Planning** – Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of $439,455, to prevent DUI and resultant traffic injuries for the period of October 1, 2003 through December 31, 2005, and contracts with the San Francisco Study Center in the amount of $45,000 per year and with O'Rorke Media and Public Relations in the amount of $20,000 per year for the same time period.

(3.11) **CHPP-Health Promotion** – Request for approval of a retroactive contract modification with the Regents of the University of California (UCSF), in the amount of $86,500, for an increased contract total of $289,297, to provide evaluation services to the SevenPrinciples Project, for the period of September 30, 2002 through September 29, 2003.

(3.12) **CHPP-Health Promotion** – Request for approval of a retroactive contract modification with Booker T. Washington Community Services Center, in the amount of $200,000, for an increased contract total of $497,000, to provide community action and outreach/education services regarding infant mortality among African Americans, for the period of September 30, 2002 through September 29, 2003.

(3.13) **CHPP-African American Health Initiative** – Request for approval of a retroactive new contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $518,342, to provide asthma and cancer health education and wellness services to residents of the Bayview Hunters Point community, for the period of July 1, 2003 through June 30, 2004.

(3.14) **CHPP-Immigrant Health** – Request for approval of a retroactive contract renewal with International Institute of San Francisco, in the amount of $64,032, to provide refugee preventive health services targeting documented refugees and asylees, for the period of July 1, 2003 through December 31, 2003.

(3.15) **CHSS-TB Control** – Request for approval of a retroactive sole source contract renewal with UCSF at San Francisco General Hospital, in the amount of $228,000, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2003 through June 30, 2004.

(3.16) **CHSS-TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $78,655, to provide QuantiFERON TB testing services targeting patients being screened for tuberculosis, for the period of January 1, 2003 through December 31, 2003.

(3.17) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Center, Inc., in the amount of $1,712,544, to provide mental health and substance abuse treatment service to CalWORKS program participants, for the period of July 1, 2003 through June 30, 2004.

(3.18) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Center, Inc., in the amount of $1,866,892, to provide a Single Point of Responsibility program for severely mentally ill adults, for the period of July 1, 2003 through June 30, 2004.

(3.19) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $2,786,270 per year, for a total contract value of $8,358,810, to provide mental health services targeting adults, for the period of July 1, 2003 through June 30, 2006.

(3.20) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $1,580,506 per year, for a total contract value of $6,322,024, to provide mental health services targeting children and adolescents, for the period of July 1, 2003 through June 30, 2007.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Establishment of the Blue Ribbon Committee for the Mental Health Rehabilitation Facility
Dr. Katz announced the formation of the Blue Ribbon Committee for the Mental Health Rehabilitation Facility (MHRF). The objective of the Blue Ribbon Committee is to recommend an optimal programmatic design and funding mechanism for the MHRF. The Committee will complete its work by December so that its recommendations can be included as part of the budget presentation to the Health Commission.

Dr. Katz has attached the membership roster to the Director's Report. DPH has been incredibly lucky that such a knowledgeable, experienced, and diverse group of individuals has agreed to serve on this Committee. Included in the membership are a former county mental health director, a current assistant county administrator, the San Francisco Aging and Adult Services Director, the President of the Family and Friends of the MHRF, a nurse and an activity therapist from the MHRF (appointed by their respective unions), a university psychiatrist working at San Francisco General, a community psychologist, a community social worker, a university-based nurse, and a union based researcher. Ms. Garcia Deputy Director of Community Programs, Ms. Sharon McCole-Wicher, the nurse-administrator over the MHRF, and Dr. Jimmy Jones, the Medical Director for Behavioral Health also serve.

Dr. Katz will chair the meetings that will occur every other Wednesday at 3:00 p.m. at the MHRF starting September 10th. The meetings will be open to the public and there will be a public comment period at each of the meetings. The minutes from the meetings and distributed materials will be maintained on the web. People who cannot make it to the meetings will be able to submit their comments in writing to the Committee or through the web. The Committee will be staffed by Anne Chang, LaFrancine Tate, and Gloria Rodriguez.

Tour of Primary Care Community Health Centers
In August Dr. Katz began a tour of the primary care community centers by working at the Southeast Health Center. He saw urgent care/drop-in patients during five afternoon sessions, and was extremely pleased with how well the Center is running, and proud of the work being done by its staff.

Dr. Katz's major concern about Southeast Health Center is that there are two few primary care providers to fulfill the need of the community. Because providing a primary care "home" is a major

goal of the Health Department, Ms. Garcia and Dr. Katz will be looking towards moving resources in the coming months to fulfill this need.

Dr. Katz looks forward to the next stop on the tour: urgent care/drop-in at Silver Avenue Health Center. By working at each of the centers he hopes to get a better sense of both the uniqueness of the populations served and the common challenges faced by the centers.

State Budget

On August 2, 2003 Governor Davis signed California's $100 billion budget for 2003-04 with General Fund spending budgeted at $7 billion less than 2002-03. This is the fourth time in 50 years that General Fund spending has been reduced compared to the previous year. The adopted Budget is already estimated to result in an $8 billion deficit in 2004-05 due largely to the reliance of this year's spending plan on one-time measures and the shifting of current financial obligations into future years.

Despite these future year concerns, cuts to health services were less severe than originally anticipated. The final budget did not include the Governor's Realignment II plan and protected the 1931(b) and Aged and Disabled Program expansions from reductions previously proposed. Further, though Medi-Cal provider rates were reduced five percent, long-term care, hospital inpatient and outpatient, and federally qualified health centers were exempted from the reduction, resulting in minimal impact on the Department. Reductions to the Department's revenues are estimated at approximately $2.3 million, coming from the Proposition 99 County Healthcare for Indigents Program (-$1.6 million), the HIV/AIDS Therapeutic Monitoring Program (-$500,000), and mental health managed care (-$200,000).

In addition to the direct financial impact of the items listed above, the budget also assumes significant savings resulting from the disenrollment of a large number of Medi-Cal beneficiaries as a result of the implementation of county performance standards and semi-annual status reports. This is likely more of a budgeting technique that allows the State to recognize enough savings to balance the budget, rather than an actual reduction in expenditures. So, it is unlikely that the full savings attributed to these items will be realized by the State. However, if the State's estimates are taken at face value, it is estimated that more than 11,500 Medi-Cal beneficiaries in San Francisco will lose their health care coverage and that Medi-Cal revenues to DPH will be reduced by $2.2 million. What DPH is unable to estimate is how many of these 11,500 newly uninsured people would seek services at DPH for which the Department would not be reimbursed.

The Governor has directed the Department of Finance to work with the Legislature to find ways to address the structural deficit that will continue in future years. The Budget Bill signed by the Governor already contains new powers allowing the Administration to cut spending in this year, to transfer up to five percent of the appropriation for an item, and to move money within funds to avoid deficiencies.

CHDP Gateway

As of July 1st, , the statewide Child Health and Disability Prevention Program (CHDP) became a "Gateway" to provide access to Medi-Cal or the Healthy Families Program for over one million uninsured children through an automated pre-enrollment process. CHDP is a State-funded program that provides for periodic health assessments to low-income children, regardless of immigration status. Under the new Gateway program, CHDP providers will be able to immediately determine financial eligibility for CHDP health assessments and pre-enroll children into temporary Medi-Cal. All children eligible for CHDP will automatically receive two months of full-scope Medi-Cal

coverage regardless of whether they ultimately apply for Medi-Cal or Healthy Families benefits. Since the program's inception, 324 San Francisco kids have been enrolled.

TB Shelter Guidelines

DPH has adopted Tuberculosis (TB) Shelter guidelines based on the recommendations of the San Francisco TB Taskforce on Homelessness. Originally written in 2000, the revised guidelines, which are attached, call for mandatory TB screening of all individuals staying at any shelter for more than three days within a 30-day period. The guidelines also recommend the adoption of a "Cough Alert" policy. These new policies will be more effective in preventing transmission through early detection and recognition of TB disease. These guidelines are especially timely in addressing ongoing TB outbreaks in shelters in San Francisco and a 65 percent increase in the number of TB cases among homeless persons.

HIV Health Services Awarded Grant

DPH's HIV Health Services office has been awarded a Title III Capacity Building Grant from the federal Health Resource Services Administration to target primary care providers with a Cultural Competency Training Plan to improve services for the transgender community, particularly transgender individuals of color. DPH received one of 14 grants awarded nationwide, and one of only two Title IIII capacity building grants awarded to California. In addition, this is the only award focused on services for the transgender population. DPH received the maximum award of $150,000 for a two-year capacity building effort. With this grant, DPH in coordination with the AIDS Education Training Center will implement an innovative training program to improve provider knowledge of transgender health issues. The goal is to increase provider understanding of the health needs and obstacles to care for the HIV positive transgender population and to increase transgender access to primary care services. The grant was written by Christopher Gartner, Administrative Analyst.

Nutrition Services, Chinatown Public Health Center

There will be a "Nutrition and Cancer" workshop in Cantonese on August 23, 2003, from 1:00 p.m. to 3:30 p.m. at Cameron House, 920 Sacramento Street, featuring healthy eating guidelines, food labels, healthy cooking tips and food tasting. There will also be a program on nutrition and exercise for children 6 years and older. Admission is free, but advance registration is required due to limited space.

HIV Prevention Awards

Each year the STOP AIDS Project honors individuals from the community who have made significant contributions to the fight against HIV/AIDS. Dr. Katz announced that Tracey Packer, Manager of HIV Prevention and Community Planning from the AIDS Office, is this year's recipient of the Sam B. Puckett Memorial HIV Prevention Award. Tracey is being recognized for her "reliability, knowledge and passion in ensuring parity, inclusion and representation in San Francisco's HIV Prevention Planning Council for more than 10 years." Tracey will be honored at a special fund-raising dinner on September 15th. The Health Commissioners joined Dr. Katz in congratulating Tracey on this very special award.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT

August 2003
Health Commission – Director of Health Report
(From 8/11/03 MEC and 8/19/03 HC)

	8/03	7/03 to 8/03
New Appointments	21	25
Reinstatements		1
Reappointments	39	22
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	22	18
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	6	7
Voluntary Relinquishments	0	1
Proctorship Completed	6	7

Current Statistics – as of 7/1/03	
Active Staff	423
Affiliate Professionals (non-physicians)	160
Courtesy Staff	510
Total Members	1093

Applications in Process	31	
Applications Withdrawn Month of January 2003	2	2 (07/03 to 8/03)
SFGH Reappointments in Process Feb. 2003 to May 2003	149	

MHRF BLUE RIBBON COMMITTEE
MEMBERSHIP LIST

Linda Chafetz, R.N., DNSc, Professor
Department of Community Health Systems
University of California, San Francisco
2 Koret Way
San Francisco, CA 94143-0608
415/476-2726

Barbara Garcia
Deputy Director
Community Health Programs
1380 Howard Street, 5th Floor
San Francisco, CA 94103
415/255-3525

Jennie Hua, SEIU Local 21
Vocational Program Coordinator
Mental Health Rehabilitation Facility
887 Potrero Avenue
San Francisco, CA 94110
415/206-6357

Shawn Dubin, Alternate
SEIU Local 21
Mental Health Rehabilitation Facility
887 Potrero Avenue
San Francisco, CA 94110
415/206-5828

James R. Jones, M.D.
Medical Director
Behavioral Health
1380 Howard Street, 5th Floor
San Francisco, CA 94103
415/255-3401

Derek Lam, M.S.W.
Executive Director
Department of Aging and Adult Services
875 Stevenson Street, 3/F
San Francisco, CA 94102
415/355-6789

Emily Lee, M.D.
Department of Psychiatry
San Francisco General Hospital, 7A
1001 Potrero Avenue
San Francisco, CA 94110
415/206-8391

MHRF BLUE RIBBON COMMITTEE
MEMBERSHIP LIST (continued)

Lynn Lively, L.C.S.W.
Project Director
Baker Places
785 Market Street, Suite 650
San Francisco, CA 94103
415/977-1440

Piers N.P. Mackenzie, Chairperson
Family and Friends of the MHRF
C/o 268 Avila Street
San Francisco, CA 94123
415/567-0734

Sharon McCole-Wicher, RN, MS
Director of Behavioral Health Services at SFGH
San Francisco General Hospital, 7M18
1001 Potrero Avenue
San Francisco, CA 94110
415/206-6569

Melanie Myers, Researcher
SEIU Local 250
Research Department
560- 20th Street, 3rd Floor
Oakland, CA 94612
510/869-2229

Sandra Nathan
Deputy County Executive
Santa Clara County
70 W. Hedding Street, 11th Floor
Santa Clara, CA 95110
408/299-5107

John Nickens, Ph.D.
Clinical Director
Progress Foundation
368 Fell Street
San Francisco, CA 94102
415/861-0828

Philippa Rutgaizer, R.N.
SEIU Local 790
Mental Health Rehabilitation Facility
887 Potrero Avenue
San Francisco, CA 94110
415/206-6374

Charlene Silva
Director of Aging and Adult Services
San Mateo County
225 – 37th Avenue
San Mateo, CA 94430
650/573-3910

Soleng Tom, M.D.
Medical Director
Alliance for Community Care, San Jose
957 Crane Avenue
Foster City, CA 94404
650/574-1066

Commissioners' Comments:

- Commissioner Chow asked, in regard to the attached guidelines, "TB Infection Control Guidelines for Homeless Shelters," is the only change that someone staying in a shelter more than three days would have a TB screening? Dr. Katz replied that this was not the only change, but the most significant change. Another change is the "Cough Alert" policy.

- Commissioner Guy noted that the last time the Commissioners received a report on the impact of Tuberculosis in San Francisco the homeless shelter population was prioritized because of increased incidence. This update shows important advancements for this population.

- Commissioner Penn asked if Dr. Katz has an endpoint for the Blue Ribbon Committee. Dr. Katz explained that the Committee would meet every other Wednesday throughout September, October and November. He intends to schedule, with approval of the Health Commission President and Vice President, a presentation at the first January Health Commission meeting. This would be appropriate timing for the City Budget. This year's funding for the Mental Health Rehabilitation Facility is from the generosity of staff who have given up raises and DPH will not have this funding next year. The Committee will use a consensus building process. There may be multiple recommendations, but the Committee will present to the Health Commission the recommendations that are decided on.

- Commissioner Umekubo asked about the State's regulations concerning long term care residents, is it required that they get tested for TB? Dr. Katz answered that it was a regulation. Commissioner Umekubo asked about the rationale behind this, why would elderly residents need to get this test when they are usually also given a chest X-ray upon admission. Dr. Katz explained he is not sure exactly what prompted the State to make this recommendation. However, he noted that the risk is quite low, but the consequences quite serious. The State has chosen to err on the side of over testing because the consequences of a missed diagnosis are so high.

Public comment:

- Mr. Brian Green thanked Dr. Katz for speaking about the Blue Ribbon Committee. He is concerned about this Committee as well as the premature discharge of patients. It is a fact that

40 percent of the patients were discharged from the MHRF to a greatly reduced level of care and nothing has been done to bring them back. He wanted to bring this to the Commissioners' attention. The Commissioners should have his e-mail outlining these items in their in-boxes.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF AUGUST

Vice President Roma Guy presented the Employee Recognition Award to:

Team Awardee	Division	Nominated by
Lowell Sabisaje, MHRW	San Francisco General Hospital, Mental Health Rehabilitation Facility	Enrie Manzano, Public Health Team Leader

6) 4TH QUARTER REVENUE AND EXPENDITURE REPORT

Gregg Sass presented the DPH Preliminary Financial Results, beginning with San Francisco General Hospital: Year-end projections show a surplus of $11.4 M. Revenues are projected to be $15.0 million over budget (after adjustment for SB855 IGT payments) primarily due to:

- $4.5M in one-time revenues related to the OP Medi-Cal Settlement and other third party settlement adjustments;
- $1.2M in additional SB1255 revenue;
- $2.5M in reduced provisions for bad debts; and
- $6.8M in additional reimbursement that is on-going in nature and includes $0.75M in new federal matching payments under AB915; $2.5M in additional Medi-Cal Capitation; and various other differences in expected payments from third parties.

San Francisco General Hospital: Expenditures are projected to be over budget (after adjustment for SB855 IGT payments) by $3.6M primarily due to:

- $1.7M in salary and fringe benefit expenses, $1.2M of which was for Health Service Agency retiree benefit subsidies for the Department of Health posted by the Controller to SFGH as a lump sum;
- $0.6M in materials and supplies;
- $1.0M in costs of services of other City departments including $0.4M in workers compensation,
  $0.3M from the DPW and $0.2M for costs of institutional police.

Laguna Honda Hospital: Year-end projections show a surplus of $3.5 million. Revenues are projected to be $3.4M higher than budget primarily due to:

- $1.8M in Medi-Cal revenues due to a $5 per day increase to the SNF rate;
- $1.1M increase in the DP/NF Medi-Cal supplemental payment due to timing differences and increased federal participation; and
- $0.5M associated with improved recovery of bad debt and reductions in contractual adjustments.

Laguna Honda Hospital: Expenditures are projected to be $0.2M less than budget primarily due to:

- $0.3M savings in salaries and fringe benefits;
- $0.2M savings in contractual services; and
- $0.4M over budget in materials and supplies.

Primary Care: Year-end projections show a deficit of $50K. Revenues are projected to be $0.5M less than budget primarily due to differences in the close out of capitation revenues. Expenditures are projected to be less than budget by $0.4 million primarily due to $0.9M favorable variances in non-salary expenditures offset by $0.5M in unfavorable variances in personnel costs.

Health at Home: Year-end projections show a surplus of $0.3 million. Revenues are projected to be close to budget. Expenditures are projected to be $0.2M less than budget primarily due to savings in contractual services.

Jail Health Services: Year-end projections show a deficit of $1.3 million. Revenues are projected to be close to budget. Expenditures for jail health services are $1.4M higher than budget primarily due to a deficit in salary and fringe benefits (-$2.1M) from the ongoing under-funding of nursing services offset by savings in contractual services ($0.5M) and materials and supplies ($0.1M).

Public Health: Year-end projections show a surplus of $0.4M. Revenues are projected to be $3.0 million less than budget primarily due to:

- $1.9M surplus in other patient revenues in Disease Control programs. This surplus is offset by a deficit (-$2.3M) in Disease Control fees/miscellaneous revenues;
- $0.7M deficit in MAA/TCM revenues. FY 02-03 revenues are higher than prior year revenues. However, current projections indicate that the FY 02-03 budget was over estimated;
- $1.5M deficit in CCS revenues that will produce an equivalent expenditure savings; and
- $2.8M deficit in miscellaneous revenues primarily in Disease Control programs that is offset by a surplus in patient revenues, as noted above.

Public Health: Expenditures are projected $3.4M less than budget primarily due to savings in salaries and fringe benefits ($1.7M), professional services ($1.4M) and equipment ($0.2M).

Mental Health: Year-end projections show

- $2.0M deficit in Medi-Cal revenues that will produce an equivalent expenditure savings;
- $2.4M deficit in Short Doyle (Community Mental Health Service) revenues that will produce an equivalent expenditure savings;
- $2.3M deficit in Short Doyle Medi-Cal revenues that will produce an equivalent expenditure savings;
- $4.7M surplus in other state revenues primarily due to SB90/AB3632 revenues that were held in reserve for prior year audit disallowances in a deferred credit account.

Mental Health: Expenditures are projected to be $5.8M less than budget primarily due to underutilization of contractual services. Work order funds of $4.6M from DHS for expenses to the

state CalWORKS program that were included in the 3rd quarter report were transferred to SFGH to cover operating expenses

Substance Abuse: Year-end projections show a surplus of $0.8 million. Revenues are projected to be $0.2 million higher than budget. Expenditures are projected to be $0.6 million less than budget primarily due to savings in salaries and fringe benefits ($0.4M), professional services ($0.5M) and rent ($0.1M) offset by a deficit in projects (-0.4M).

In conclusion, the Department is forecasting a larger than expected surplus for the fiscal year, that is primarily the result of favorable revenues at SFGH and LHH. Favorable revenue variances include one-time items such as $4.7M in SB90/AB2632 deferred credits in Mental Health, $4.3M in prior year settlements at SFGH, and $0.5M in DP/NF timing differences at LHH. There are also recurring sources of revenue at SFGH and LHH, most of which have been budgeted for the 2003-2004 year. Surplus revenues have enabled the Department to accommodate cuts in our General Fund and at the same time avoid deep cuts in service to patients.

These financial statements are preliminary and it is expected that changes will occur through the annual audit process that extends into November of 2003.

Commissioners' Comments

- Commissioner Parker noted that this was an outstanding report, very clear and concise. Commissioner Parker pointed out that jail health seems to be a chronically under funded. He asked Mr. Sass to explain why this is the case. Mr. Sass explained that the Department does know what it costs to run this operation. The Department's initial budget did include sufficient dollars to pay for the services. The City ultimately did not fully fund the jail health programs. This is how it usually works, so the Department may very well overrun this budget again next year. It is a structural problem. Commissioner Parker recommended that the Department address this issue in advance by working with the City. Dr. Katz said that the Department intends to continue to provide the level of care that is now being provided. The Department has one of the few accredited jail health programs, providing more than is required because it is the right thing to do. The Department uses the same standard of care for those in jail as is used for everyone in the health care system. However the will on the City level does not appear to be there to fund jail health services on this level.

- Commissioner Chow commended Mr. Sass on his report and on the job that he has done throughout the year. He noted that the Department has kept all promises made to the City regarding the budget. Dr. Katz noted that variances have been made very small, but the Department cannot predicate in all cases what the State and Federal government will pay. The variances are somewhat predictable at this stage, and the Department has a CFO that does a good job anticipating.

- Commissioner Guy shared her appreciation with Laguna Honda Hospital because they did a good job reducing their deficit.

- Commissioner Umekubo commended Mr. Sass on revenue enhancements. Mr. Sass noted that he was impressed with Department staff; he thought they could not do more in this regard, but they did.

- Commissioner Guy pointed out that jail health is a known structural problem, but the Department needs to keep asking for what it needs and to make costs clear to the City. The public needs to hear what the problems are, so that they can keep the Board of Supervisors accountable.

- Commissioner Monfredini said that she was very impressed with this report and the work that has been done.

7) UPDATE ON STATE HEALTH INSURANCE EXPANSION PROPOSALS

Colleen Johnson presented today's report on the State's various legislative attempts to expand health insurance to more California residents. She explained that the City has already taken a position on several pieces of legislation. The Department cannot take a position on its own. The purpose of her report is to talk overall about expansion proposals and to introduce a resolution supporting the City's position.

Pending State Bills: Single Payer: SB 921 (Kuehl) provides universal health care coverage for all Californians under a new California Health Care Agency. This bill would consolidate existing public health care program funding to finance the program. It may also be partially financed through increases in income, payroll, tobacco, and/or other taxes. The cost of implementation is unknown. CCSF in support of this bill.

Arguments in support

1. establish universal health insurance for all residents
2. stabilize growing health care spending to employers and consumers
3. streamline current fragmented system of care

Arguments in opposition

1. government systems less efficient than private business
2. single payer system would cost more than the current private system

Incremental: AB 30 (Richman) would expand health insurance coverage under Healthy Families to uninsured, employed, childless adults with incomes below 200% FPL and be available to eligible employees of employers with more than 50 employees and 50 percent of employees earn less than 200 percent of minimum wage (i.e., $13.50/hour). The bill allows for premium cost sharing (25% employer, 25% employee, 50% federal government). The estimated general fund cost is between $195 million to $351 million.

Arguments in Support

1. Will expand health care coverage and reduce the number of the uninsured.

Arguments in Opposition

1. would divert funds from children's health insurance to childless adults not intended to be served by SCHIP

Employer-Based: SB 2 (Burton-Speier) is considered "pay or play" because it requires that employers provide health insurance to employees and dependents or pay a user fee to enable the State

to serve as a purchasing agent to pool these fees to cover uninsured employees. CCSF is in support of this bill.

AB 1527 (Frommer) also establishes a "pay or play" but places requirement on employers with more than 50 employees. It also establishes a premium assistance program for Medi-Cal or Healthy Families and provides an incentive mechanism for small employers.

AB 1528 (Cohn) is the Healthy California Act of 2003. It creates a minimum set of health insurance benefits for all Californians and establishes both an individual and an employer mandate

Arguments in Support

1. Builds upon California's existing employer-based health insurance system
2. Most large employers already provide coverage and requiring all employers to do so would promote fairness among employers

Arguments in Opposition

1. Will discourage new businesses from locating in California and provide an excessive burden on small businesses
2. Primary reason employers do not offer insurance is the exorbitant cost of health care, which this bill does not address

The current political climate may provide a unique opportunity to expand access to health care coverage and reduce the number of uninsureds. It is likely that Legislature will pass employer-based expansion this year. The Commission's resolution will provide direction for the Department to continue to work towards increasing access to health care coverage.

Public Comments:

- Dr. Christina B-Salem spoke in support of SB921. She is from Planning for Elders, Senior Action Network and Health Care for All and expressed her anger that the U.S. is ranked 37th in a list of WHO countries that provide adequate health care. There are 36 countries ahead of the U.S.

- Dale Milfay from Health Care for All spoke in support of SB 921. It is a Catch 22 nightmare to get treatment for her mentally ill son due to conflicts about who is responsible for his care. SB 921 would end this maze and save money at the same time. Her son has Kaiser and Medi-Cal. When her son is taken to SFGH for a psych. emergency her claim is denied for going out of network. A single payer system would eliminate problems like this.

- Susan Cieutat, a nurse at SFGH and from SEIU spoke in support of SB 921. Ms. Cieutat studied economics of health care and health care delivery. She noted that it is obvious to anyone who knows this issue that the only solution is universal health care. Our current system preys on people who have the misfortune of having a debilitating illness or accident. She acknowledged the savings of getting timely treatment. The Lewin Group may have not even taken this savings into account when they analyzed SB921. She asked the Commissioners to educate themselves about health care systems in other parts of the world. SB921 is not just a good piece of legislation, but also a moral imperative.

- Harry Kershner from Health Care for All spoke in support of SB 921. He noted that the current health care system is broken and needs to be fixed.

- Karen Lindsey from Health Care for All spoke in support of SB 921. Ms. Lindsey said that she has been sick for 16 years and for the first few years of the illness she had no insurance. She was told to go to SFGH to get tests but they would not run them because she was uninsured. Now she has Medi-Cal through disability. She would like to get a part time job, but would lose Medi-Cal. She asks that the Commissioners support 921 so she can have health coverage and work.

- Jay Lyon spoke in support of SB 921. He uses City health centers for his care and is uninsured.

- John Shearer, M.D., a Family Practitioner and the President of the California Physicians Alliance, spoke in support of SB 921. The CA Physicians Alliance, with 1,300 members Statewide, enthusiastically endorses SB 921. It is in their view model legislation.

- Betty Kallo, from Health Care for All, spoke in support of SB 921. Ms. Kallo is a senior. SB 921 would remove profit from health care. There are many seniors in San Francisco. Some have to buy prescription drugs or food. Many seniors use emergency rooms because they don't have their own doctors.

- Mark Stout, from Health Care for All, spoke in support of SB 921. Mr. Stout is self-employed. He currently pays for Kaiser out of pocket. If he gets a job he fears what will happen if he loses the job and has to find insurance again on the market. He will never get insurance again due to a pre-existing condition.

- Vi Huynh, from Health Care for All, spoke in support of SB 921. Ms Huynh is currently unemployed and is trying to get teaching job but it is challenging with school cutbacks. An employer-based mandate only covers people who are employed and that would not help her. She has applied for Medi-Cal, but may not be accepted and needs medical care. She cannot sleep at night worrying about this, as she has medical conditions that need attention.

- Ed Kinshley, from SEIU 790, spoke in support of SB 921. Mr. Kinshley is a medical social worker at SFGH and a representative of SEIU. He noted that 6,000 workers in San Joaquin at the other public hospital in San Jose are on strike because of problems with their health care costs. He thanked the Commission for discussing this legislation. The union supports SB 921.

- Anne Chen, from Health Care for All, spoke in support of SB 921. She noted that the safety net of Medi-Cal is no longer a safety net for everyone. Many people are slipping through the cracks. She has seen people die before they get Medi-Cal.

- Emerito Querol said that he thinks the Commissioners should approve of health insurance coverage for all San Francisco residents.

- Don Bechler, the Chair of Health Care for All, spoke in support of SB 921. The problem is that neither the nation nor California has a real health care system. Instead we have many different programs and plans trying to create a system. There are different classes of care for different classes of people. SB 921 would create a real system.

- Rory Michaelis spoke in support of SB 921 because it guarantees access and removes profit from health care. No one chooses to get ill. He is thankful for being insured when he was ill, but others are not so lucky.

- Dan Eichelberger, from the California Green Party, spoke in support of SB 921. The Green Party supports a single payer system. Mr. Eichelberger asked the Commission to bring the U.S. into the 21st century and endorse health care for all.

- Susan Evans, from Health Care for All, spoke in support of SB 921. Ms. Evans is a nurse with masters degree works with children and adults. She has been advocating for universal health care since 1994.

- Robert Damron, from APWU, BAUAW, 911 Truth Alliance, spoke in support of SB 921. Mr. Damron said that it is the future. Privatization is a crime against humanity, as profiteers are only interested in the bottom line.

- Jeffery Harding, from Health Care for All, spoke in support of SB 921. Mr. Harding is a social worker with older adults in San Francisco. He has seen what it is like for seniors to navigate health coverage. Mr. Harding listed the health services that would be available under SB 921.

- Mary Magee, from Health Care for All and Local 790, spoke in support of SB 921. Ms. Magee has been a nurse at SFGH for 16 years. She asked the Commission to endorse SB921. Ms. Magee pointed out that one of the most dramatic features of SB 921 is that it covers everyone.

- Elizabeth Milos, a self-employed medical interpreter, spoke in support of SB 921. Her son has Healthy Families, but she has no health insurance. Self-employed women are at a high risk of not being served by the health care system.

- Frances Payne, from Neighbor to Neighbor, spoke in support of SB 921. Ms. Payne reminded the Commission that a short time ago Vicente Fox signed into law a universal health care bill in Mexico. If Mexico can do it, then the U.S. can too.

- Bridget Harrison, a UCSF medical student, spoke in support of SB 921. Universal coverage is good for preventive care and primary care. Lack of insurance promotes overuse of the emergency room.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved amending the proposed resolution by making one correction to the first *whereas,* to say "17% of the City's population."

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) adopted Resolution #14-03, "Supporting State Efforts to Increase Access to Health Care Coverage for the Uninsured," (Attachment A), with the amendment.

Commissioners' Comments

- Commissioner Guy noted that the Commission has taken a lot of responsibility since the Department's Strategic Plan to advance universal health coverage goals in San Francisco. Clearly, health coverage and access are important issues to voters. If the legislature does make incremental improvement it will not be comprehensive, and this continues the current fragmented system. The Department needs to continue to be vigilant. The Department should voice interest in universal health coverage and encourage City lobbyists to keep this on the list of priorities.

- Commissioner Chow noted that the resolution does not support one particular approach, but instead supports whatever bill will move coverage expansion forward.

8) DCYF CHILDREN'S SERVICES ALLOCATION PLAN

Nani Coleretti, the Department of Children, Youth and Families (DCYF) Budget and Planning Director and Tajel Shah, DCYF's Assistant Director of Technology and Communications Strategy presented the Children's Services Allocation Plan. Ms. Coleretti and Ms. Shah presented a power point presentation to the Commission, which illustrated the information given to them at the meeting.

This is the first year that DCYF has worked with other Departments on this process. It focuses on fiscal year 2002-03, showing that City Departments allocated about 282 million to children and youth focused programs in San Francisco. Health and Wellness, where the Department categorizes the bulk of its programs, is a primary theme. According to this report, the Department of Human Services (DHS) contributes the most in terms of dollars, with DPH next, then DCYF, and other Departments follow. According to this report, in FY 2002-03, DPH contributed $78,535,258 to programs (listing over 100 programs) that serve children and youth ages 0-17. Ms. Shah did clarify that DHS has put a small number of their large programs into the Health and Wellness theme, including foster care funding. DCYF is looking at allocating these dollars differently.

Commissioners' Comments

- Commissioner Guy asked how much DHS funding for foster care is. Ms. Shah did not know today, but could provide that information. Commissioner Guy is concerned that this distorts the Health and Wellness theme.

- Commissioner Chow noted that it was an extensive database that DCYF created. Commissioner Chow asked Dr. Katz to speak about this process and to answer the questions DCYF is asking about the allocation of resources. Dr. Katz noted that DPH, DHS and DCYF are now working very well together, which was not always the case in the past. Dr. Katz said that he feels that a focus on prevention is the right place to start for children if there is to be a real impact in the life of the person.

- Commissioner Chow said that this process would help look broadly at where needs are and where gaps are.

- Commissioner Chow asked how much the Children's Fund is? Ms. Coleretti answered that it was $25 million per year or $75 million over three years and another $10 million in general fund.

- Commissioner Chow asked if DCYF was going to do a RFP process for all Departments? Ms. Coleretti said that they were still deciding how to do that based on the planning process. Commissioner Chow warned against an internal RFP process as it increases bureaucracy.

- Commissioner Guy pointed out her concern that the data collection was apples and oranges between City departments. She advised DCYF to look closely at this issue, though she recognized that DCYF had already identified this as a concern. Commissioner Guy also warned against stressing outcomes too strongly, if you only stress outcomes then people make false promises. Commissioner Guy suggested process objectives to look at on an ongoing basis. Commissioner Guy also mentioned counseling around stress and that DCYF needs to look at this as an issue. She recommended that they look at the Department's maternal and child health report card, and their findings in terms of the younger children. She also recommended that DCYF coordinate with the Department's Adolescent Health Coordinator. Commissioner Guy stressed the importance of funding for the health and wellness centers in schools.

- Commissioner Umekubo liked the methodology for DCYF's allocation plan; it is very logical. Commissioner Umekubo was struck by the need for counseling in the schools. He thought there were good counseling programs in schools, but this does not appear to be the case. This is a place to look at for funding.

- Commissioner Monfredini complimented Ms. Coleretti and Ms. Shah on the report and delivery. Commissioner Monfredini pointed out that at age eighteen this work is not done. It is important to consider continuity.

- Commissioner Parker recommended that DCYF consider all of the components that have been discussed and the complete environment of the child. Continuity and comprehensiveness is key.

- Commissioner Penn thanked them for the comprehensive report. He asked about the importance of one-time costs vs. investment. Ms. Coleretti noted that DCYF stresses investment that goes beyond dollars in the interest of creating systems change. Commissioner Penn also asked how confidants are Ms. Shah and Ms. Coleretti that DCYF is collecting all of the data. Ms. Coleretti said that they know they are not capturing the entire pie. In addition to the work they are doing with City departments, DCYF is doing a parallel process with foundations to see what the foundations are doing in San Francisco for children and youth. Commissioner Penn noted that a priority should be parental support. The numbers are low in this area.

- Commissioner Chow expressed that the Wellness Centers are a good priority. He answered yes to all of DCYF's questions. He noted another idea is to expand Healthy Kids to age 25.

- Commissioner Parker asked about the finding that 46 percent find San Francisco a child-friendly city. What is DCYF going to do about this finding? Ms. Coleretti said that there are two main reasons for parents being unhappy with San Francisco, the school system and high housing costs. DCYF cannot control the latter, but can support families and can help with schools.

- Commissioner Chow asked DCYF what sort of feedback they would get from community stakeholders and Departments and Board and what will their report look like. Ms. Coleretti said that basically DCYF would have an allocation plan that will show what areas their money will be invested. They will work collaboratively with Departments to allocate funding.

9) RESOLUTION REGARDING PROPOSITION 54

Frances Culp, Health Program Planner, presented this report and draft resolution. This report provided an update on the new ballot initiative (Proposition 54) being sponsored by University of California Regent Ward Connerly's American Civil Rights Coalition entitled Classification by Race, Ethnicity, Color or National Origin also referred to as the Racial Privacy Initiative (RPI) or the Information Ban. Proposition 54 would prohibit the collection, analysis or use of information pertaining to race, ethnicity, color or national origin by state and local governments. Actions taken to maintain federal funding are exempted, as are medical research subjects and patients, though classification of public health data is not. Proposition 54 is scheduled to appear on the October 7, 2003 special election ballot.

The sponsors of Proposition 54 have asserted that there will be little or no obstruction in the realm of public health and health services. However, exemptions for medical research and to comply with federal requirements do not provide nearly enough protection to continue core public health functions. The sponsors have said that even if these exemptions are too limiting there is a mechanism to get special approval through the State Legislature. This would require a two-thirds majority approval by the Legislature, which seems at best a significant and unnecessary burden and at worst an impossibility. It has also been argued by supporters of Proposition 54 that this initiative would protect people from being forced to choose racial classifications, but in fact all such reporting is currently entirely voluntary already.

Research today shows us that there are disparities within almost all health indicators, with many racial and ethnic groups suffering far below the norm in health care access, likelihood of early diagnosis and adequate treatment and rates of specific diseases. With this knowledge, it is more important than ever to collect the very information this initiative would ban. Proposition 54 will have a profound negative impact on the ability of DPH to collect and disseminate information integral to understanding and responding to disparities in a number of areas. Clearly this initiative would interfere with the ability to fulfill DPH's mission to protect and promote the health of all San Franciscans. The censoring of data critical to promoting and protecting public health may be setting a dangerous precedent not only for California, but also for the nation.

Public Comment

- James Bryant, President of the A. Philip Randolph Institute distributed a paper on "Racial and Ethnic Data Collection and Use in Health Care: Examples of Projects that Might Be Affected by Proposition 54." He noted that the presentation was right on the head of the nail. Proposition 54 is an effort to disenfranchise everyone. He urged the Commission to oppose the proposition, and the A. Philip Randolph Institute would be happy to carry it out to the community.

Commissioners' Comments

- Commissioner Monfredini said that not all Arnold Schwarzenegger voters plan to vote for Proposition 54. The problem is that many voters do not have information about Proposition 54. What else can the Department do to educate the public on the initiative? Ms. Culp noted that DPH clinic directors and other providers have been asking about what they can do to educate the public and the Department can share the resolution and report.

- Commissioner Guy advised Ms. Culp to put the resolution and other information on the DPH website. Commissioner Guy asked if reporters or journalists have asked the Department's

opinion. Dr. Katz said that the Chronicle Editorial Board called and asked for DPH's opinion and much of Dr. Katz said made it into the editorial. Dr. Katz also noted that it helps DPH to have a Commission approved resolution opposing Proposition 54.

- Commissioner Parker noted that the values of Proposition 54 might be acceptable in an ideal, perfect world. Yet the proposition fails to address who we are, there is a hidden agenda. He said that the Department should not be hesitant about addressing that hidden agenda.

- Commissioner Monfredini agreed that the hidden agenda is there, but does not want to cloud the issue at hand.

- Commissioner Chow said that simply on the face of it the Proposition does not work for public health. The key issue for the Commission is how it affects the Department. Ms. Culp noted that the health related issues resonate most with voters. Ms. Colleen Johnson noted that local health officers are putting out a position paper.

- Commissioner Chow encouraged the Department to take the opportunity to speak out against Proposition 54. Passing a resolution and setting policy will allow the staff to speak out on behalf of the Department.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved amending the proposed resolution by making one addition to the last *further resolved,* to say "that the Health Commission directs the Director of Health to provide the Board of Supervisors, the Mayor's Office, and *the public* with information..."

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) adopted Resolution #15-03, "Opposing Proposition 54," (Attachment B), with the amendment.

10) PUBLIC COMMENTS

There was no public comment.

11) ADJOURNMENT

The meeting was adjourned at 6:57 p.m.

Frances Culp

Frances Culp
Acting Executive Secretary
to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-03

SUPPORTING STATE EFFORTS TO INCREASE ACCESS TO HEALTH CARE COVERAGE FOR THE UNINSURED

WHEREAS, in San Francisco, an estimated 135,000 people, or 17 percent of the City's population, are uninsured; and,

WHEREAS, in 2001 approximately 6.7 million Californians under age 65 lacked health insurance coverage at some time and 3.6 million had no health insurance coverage at any time; and,

WHEREAS, statewide, more than eight in ten uninsured adults and children are in working families, including half who are in a family with at least one adult employed full-time full-year; and,

WHEREAS, both research and experience tell us that the uninsured have greater difficulty obtaining needed medical care, which often results in lower health status; and,

WHEREAS, expansion of health care coverage improves access to care for, and the health status of, the uninsured; and,

WHEREAS, in May 1998 the Mayor's Blue Ribbon Committee on Universal Health Care issued recommendations for expanding health care coverage to uninsured San Franciscans that were supported by Resolution #23-98 of the Health Commission; and,

WHEREAS, in November 1998 the voters of the City and County of San Francisco passed Proposition J, which directs the City to assist the uninsured in obtaining affordable health care coverage; and,

WHEREAS, since passage of Proposition J, the City and County of San Francisco has implemented an incremental approach to achieving universal health care coverage through the Healthy Workers Program in 1999, the Health Care Accountability Ordinance in 2001, and the Healthy Kids Program in 2002; and,

WHEREAS, the Department's three-year Strategic Plan, adopted by the Health Commission in January 2001, sets for the Department the goal of expanding health care coverage to San Francisco's uninsured to improve health status and access to care, as well as the goal of increasing health advocacy at the federal, state and local levels; and,

WHEREAS, the California State Association of Counties and the California Association of Public Hospitals and Health Systems, (advocacy groups representing the interests of county health departments, including the Department of Public Health), have each issued guiding principles for health care expansion that would ensure access and quality while retaining an adequate health care safety net to meet the needs of those in California who will continue to be uninsured; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 14-03 (Cont'd.)

WHEREAS, the State Legislature is currently considering a number of bills that would expand access to health care coverage for the uninsured; and,

WHEREAS, the City and County of San Francisco is in support of two health insurance expansion bills currently in the Legislature: SB 921 (Kuehl), which would create a single payer system in California, and SB 2 (Burton-Speier), which would create a "pay or play" system; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco supports the City's strong commitment to extending health care coverage to the uninsured; and, be it

FURTHER RESOLVED, that the Health Commission supports the guiding principles on health insurance coverage expansion developed individually by the California State Association of Counties and the California Association of Public Hospitals and Health Systems; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors and the Mayor to use their lobbying resources to actively support the expansion of health care coverage in accordance with these principles; and, be it

FURTHER RESOLVED, in accordance with the Department's Strategic Plan, that the Health Commission directs the Director of Health to provide the Board of Supervisors and the Mayor's Office with the information and support they need to effectively advocate to increase access to health care coverage not only for San Franciscans, but for all Californians.

I hereby certify that the San Francisco Health Commission at its meeting of August 19, 2003 adopted the foregoing resolution.

Frances Culp
Acting Executive Secretary
to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-03

OPPOSING PROPOSITION 54

WHEREAS, Proposition 54 would prohibit state and local governments from the collection, analysis or use of information pertaining to race, ethnicity, and/or national origin by state and local governments; and,

WHEREAS, Proposition 54 will appear on the October 7, 2003 special election ballot; and,

WHEREAS, though medical research activities and actions taken to maintain federal funding are exempted, classification of public health data is not; and,

WHEREAS, there exist significant disparities on national, state, and local levels in health outcomes and incidence of disease across different racial and ethnic groups; and,

WHEREAS, the San Francisco Department of Public Health (DPH) identifies risk populations and creates targeted programs to reduce disparities by collecting and using race and ethnicity data on a local level; and,

WHEREAS, many African American residents have been burdened with an unhealthful environment, poverty and racial discrimination, and tracking these issues and the demographics of these issues has allowed DPH to target resources and effective environmental disease prevention programs (such as the Health and Environmental Resource Center) to vulnerable San Francisco neighborhoods; and,

WHEREAS, the tuberculosis CHOPS (Chinatown Outreach Prevention Services) program was developed by DPH to combat high rates of tuberculosis among San Francisco's Asian population, which accounts for three-quarters of the City's new cases; and,

WHEREAS, data showing that Latinos are most likely to be uninsured statewide mirror enrollment data for the City's local children's health insurance program Healthy Kids, which was designed to provide health coverage for previously uninsured children and has 57 percent Latino enrollment; and,

WHEREAS, DPH is committed to improving the health of all San Franciscans by developing and maintaining services that are culturally and linguistically competent, consumer guided and community based; and,

WHEREAS, Proposition 54 would significantly limit the ability of DPH to provide culturally competent and linguistically appropriate services, by restricting its ability to gather sufficient information to fully assess cultural competency either of staff or contractors; and,

WHEREAS, as DPH is increasingly reliant on grant funding and funders expect that applicants clearly define their proposed target population in terms of demographics, disparities and need, the Racial Privacy Initiative would put DPH at a clear disadvantage in competitive grant situations; and,

WHEREAS, one of the two primarily goals of the federal Healthy People 2010 guidelines is to eliminate health disparities; and,

WHEREAS, this initiative would severely restrict DPH's ability to collect, analyze and respond to health disparities based on race, ethnicity, and/or national origin; and,

WHEREAS, Proposition 54 would obstruct DPH in fulfilling its mission to protect and promote the health of all San Franciscans; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco commends the San Francisco Board of Supervisors for its opposition to Proposition 54; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors and the Mayor to use its lobbying resources to actively oppose Proposition 54; and, be it

FURTHER RESOLVED, that the Health Commission directs the Director of Health to provide the Board of Supervisors, the Mayor's Office and the public with information on the devastating impact Proposition 54 would have on the ability of DPH to effectively provide quality health and public health services for San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting of August 19, 2003 adopted the foregoing resolution.

Frances Culp

Frances Culp
Acting Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

AUG 2 8 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, September 2, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF AUGUST 19, 2003**
**Minutes of August 19, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **BHS-Mental Health** – Request for approval of a contract modification with Bay Area Bookkeeping, in the amount of $291,120 per year or $1,164,000 for four years, for an increased 4-year contract total of $3,700,480, to provide check-writing services for payments to state-mandated providers, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo*

(3.2) **BHS-Mental Health** – Request for approval of contract modification with Hyde Street Community Services, in the amount of $516,983 for a total contract amount of $2,269,142, to provide mental health, wellness and recovery services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo*

(3.3) **BHS-Mental Health** – Request for approval of a retroactive sole source contract renewal with San Francisco Mental Health Education Funds, in the amount of $251,170 per year for a four-year total of $1,004,680, to provide outreach and police crisis intervention training services, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report summary*

(3.4) **BHS-Mental Health** – Request for approval of a retroactive sole source contract renewal with San Francisco Study Center, in the amount of $1,316,218 per year for a four-year total of $5,264,487, to provide mental health outreach and client rights advocacy services, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report summary*

(3.5) **BHS-Mental Health** – Request for approval of retroactive contract renewals for the Family Mosaic Program with the following 13 agencies providing services to seriously emotionally disturbed children, for a total of $1,189,855, for the period of July 1, 2003 through June 30, 2004.

Contractor	Address	Service	Source of Funds	Amount
Jamestown Learning Center (JLC) Services	2831 San Bruno Ave. San Francisco, CA 94134	Mentoring Services	Medi-Cal Capitation	$164,000
RISE Institute	1760 Cesar Chavez Blvd. San Francisco, 94124	Mentoring Services	Medi-Cal Capitation	$185,000
High Gear Achievers, Inc.	175 Omar Way San Francisco, 94127	Tutorial Services	Medi-Cal Capitation	$44,000
Occupational Therapy Training Program / Special Services Group (OTTP/SSG)	425 Divisadero Avenue San Francisco, CA 94117	Social Skills Training	Medi-Cal Capitation	$15,000
Victor Treatment Centers	7 Governor's Lane Chico, 95926	Sub-Acute Residential Treatment	Medi-Cal Capitation, Dept. of Human Services (DHS) work order, Dept. of Juvenile Probation (DJP) Work Order, General Fund	$434,350

Families First	2100 5th Street Davis, CA 95616	Sub-Acute Residential Treatment	Medi-Cal Capitation; & DHS Work Order	$69,888
Big Brothers/ Big Sisters of San Francisco	870 Market Street, Suite #928 San Francisco, 94102	Mentoring & Social Services	Medi-Cal Capitation	$15,362
New College of California	777 Valencia Street San Francisco, CA 94110	Counseling Services	Prop. D Dept. of Children, Youth, & Families (DCYF) Work Order, General Fund	$8,000
Milhous Children's Services	24077 State Highway 49 Nevada City, CA 95959	Residential Treatment	Medi-Cal Capitation; & DHS Work Order	$32,000
Villa Santa Maria	P.O. Box 156 Cedar Crest, NM 87008	Residential Treatment	Senate Bill 90 (SB90)	$14,697
Lincoln Child Center	4368 Lincoln Avenue Oakland, CA 94602	Residential Treatment	Medi-Cal Capitation; & DHS Work Order	$68,000
Heritage Schools	5600 N. Heritage School Drive Provo, UT 84604-7701	Residential Treatment	SB90	$33,609
National Deaf Academy	19650 US Highway 441 Mount Dora, FL 32757	Residential Treatment	SB90	$105,949

** Calendaring request memo, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Anne Kronenberg, Deputy Director/Director of Policy and Planning)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HOMELESS SERVICES AND HOUSING ANNUAL REPORT**
(Marc Trotz, Director, Housing and Urban Health and Anne Kronenberg, Deputy Director of Health/Director of Policy and Planning)
**Update*

6) **PUBLIC COMMENTS**

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

DOCUMENTS DEPT.

SEP 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, September 2, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini
Commissioner Michael Penn, M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 19, 2003

Commissioners' Comments:

Commissioner Chow noted a typographical error in the minutes: On page 19, bullet point six, line four, "confidants" should read "confidant."

Action Taken: The Commission (Chow, Guy, Parker, Sánchez, Umekubo) approved the minutes of the August 19, 2003 Health Commission meeting with Dr. Chow's correction.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **BHS-Mental Health** – Request for approval of a contract modification with Bay Area Bookkeeping, in the amount of $291,120 per year or $1,164,000 for four years, for an increased four-year contract total of $3,700,480, to provide check-writing services for payments to state-mandated providers, for the period of July 1, 2003 through June 30, 2007.

(3.2) **BHS-Mental Health** – Request for approval of contract modification with Hyde Street Community Services, in the amount of $516,983 for a total contract amount of $2,269,142, to provide mental health, wellness and recovery services, for the period of July 1, 2003 through June 30, 2004.

Public Comment:

Ligia Rojas presented a certificate of appreciation the Health Commission, signed by the members of the San Francisco Community Clubhouse, expressing appreciation for ongoing support of the Clubhouse program.

(3.3) **BHS-Mental Health** – Request for approval of a retroactive sole source contract renewal with San Francisco Mental Health Education Funds, in the amount of $251,170 per year for a four-year total of $1,004,680, to provide outreach and police crisis intervention training services, for the period of July 1, 2003 through June 30, 2007.

(3.4) **BHS-Mental Health** – Request for approval of a retroactive sole source contract renewal with San Francisco Study Center, in the amount of $1,316,218 per year for a four-year total of $5,264,487, to provide mental health outreach and client rights advocacy services, for the period of July 1, 2003 through June 30, 2007.

Secretary's Comment:

Item 3.4 is erroneously listed as a sole source contract.

(3.5) **BHS-Mental Health** – Request for approval of retroactive contract renewals for the Family Mosaic Program with the following 13 agencies providing services to seriously emotionally disturbed children, for a total of $1,189,855, for the period of July 1, 2003 through June 30, 2004.

Contractor	Address	Service	Source of Funds	Amount
Jamestown Learning Center (JLC) Services	2831 San Bruno Ave. San Francisco, CA 94134	Mentoring Services	Medi-Cal Capitation	$164,000
RISE Institute	1760 Cesar Chavez Blvd. San Francisco, 94124	Mentoring Services	Medi-Cal Capitation	$185,000
High Gear Achievers, Inc.	175 Omar Way San Francisco, 94127	Tutorial Services	Medi-Cal Capitation	$44,000
Occupational Therapy Training (Cont'd.)	425 Divisadero Avenue San Francisco, CA 94117	Social Skills Training	Medi-Cal Capitation	$15,000

Program / Special Services Group (OTTP/SSG)				
Victor Treatment Centers	7 Governor's Lane Chico, 95926	Sub-Acute Residential Treatment	Medi-Cal Capitation, Dept. of Human Services (DHS) work order, Dept. of Juvenile Probation (DJP) Work Order, General Fund	$434,350
Families First	2100 5th Street Davis, CA 95616	Sub-Acute Residential Treatment	Medi-Cal Capitation; and DHS Work Order	$69,888
Big Brothers/ Big Sisters of San Francisco	870 Market Street, Suite #928 San Francisco, 94102	Mentoring and Social Services	Medi-Cal Capitation	$15,362
New College of California	777 Valencia Street San Francisco, CA 94110	Counseling Services	Prop. D Dept. of Children, Youth, and Families (DCYF) Work Order, General Fund	$8,000
Milhous Children's Services	24077 State Highway 49 Nevada City, CA 95959	Residential Treatment	Medi-Cal Capitation; and DHS Work Order	$32,000
Villa Santa Maria	P.O. Box 156 Cedar Crest, NM 87008	Residential Treatment	Senate Bill 90 (SB 90)	$14,697
Lincoln Child Center	4368 Lincoln Avenue Oakland, CA 94602	Residential Treatment	Medi-Cal Capitation; and DHS Work Order	$68,000
Heritage Schools	5600 N. Heritage School Drive Provo, UT 84604-7701	Residential Treatment	SB 90	$33,609
National Deaf Academy	19650 US Highway 441 Mount Dora, FL 32757	Residential Treatment	SB 90	$105,949

Secretary's Comment:

For Item 3.5, the contract with Lincoln Child Center in the amount of $68,000 was withdrawn at the request of the Family Mosaic Project's Contract Manager. This changes the total for the 12 agencies to $1,121,855 for the period of July 1, 2003 through June 30, 2004.

Action Taken: The Commission (Chow, Guy, Parker, Sánchez, Umekubo) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, Director of Policy and Planning, presented the Director's Report.

Medical Examiner's Homeless Death Count

At the request of Supervisor Gavin Newsom, the Medical Examiner's Office last month released a list of 169 homeless individuals who died in San Francisco between July 1, 2002 and June 30, 2003. Herb Hawley, who compiled the list, admitted that the list in no way reflects the depth of previous

homeless death counts, but it was an attempt to keep a handle on the number of deaths of this vulnerable population.

Tour of Primary Care Community Health Centers

As Mitch reported last month, he began his tour of the primary care community centers by working at Southeast Health Center in August. Later this week, he will resume his tour with the urgent care/drop-in at Silver Avenue Health Center the next stop. By working at each of the centers, Mitch will get a better sense of the common challenges faced by each center.

LHH Laundry Services Update

Progress on the LHH rebuild continued last week when the laundry services for Laguna Honda Hospital were moved to Metro Park-Sodexho in Stockton, CA on August 28th. All affected laundry workers (approximately 39) have been reassigned to similar duties within LHH and SFGH. The new assignments began today. The next phase of laundry services will be in March 2004 when it moves to the newly acquired/equipped Oyster Point facility.

On-Line Ergonomics Training Tools now available on DPHNet

DPH employees now have two new on-line tools to help prevent a repetitive strain injury (RSI). The courses, which can be accessed through the OSH Section on DPHNet, are targeted to DPH computer users who may be at risk for injuries associated with computer use. The objective of these courses is to increase employee awareness of ergonomic issues in the workplace, to provide employees with immediate access to information about ergonomics and to empower employees to make changes that can help improve their comfort and reduce their chances of injury. One of the tools, ErgoNet The Personal Assessment, uses a series of specific questions to take the user through an evaluation of their own workstation. The Training Guide for Health Work covers a range of topics important to workstation ergonomics, including information about signs/symptoms of injuries, setting up a workstation, sitting properly, visual issues and even covers safe set-up for a laptop. DPH has licensed use of the training tools for a one-year period for up to 500 users.

Commissioners' Comments:

- Commissioner Parker asked how DPH estimated that 500 users would use the on-line ergonomic training. Ms. Kronenberg stated that 500 is an estimate, and that the Department can purchase extra licenses if they are needed.

- Commissioner Guy asked whether the information on Proposition 54 that was presented at the last meeting is now on-line? Ms. Kronenberg noted that staff made the request that it be put on-line and that the Department does have an excellent Webmaster, but that she has not checked to be certain of that. She offered to check the website after the meeting.

- Commissioner Umekubo asked whether ergonomic modifications are available to Department staff that may need them. Ms. Kronenberg responded in the affirmative, adding that Karen Heckman in OSH does special consultations with staff that request ergonomic changes, and the Department can and does accommodate those requests.

- Commissioner Chow asked whether the laundry will be ready at Oyster Point by March 2004. Ms. Kronenberg responded in the affirmative. Commissioner Chow asked whether all 39 employees will go to Oyster Point. Ms. Kronenberg responded in the affirmative.

5) HOMELESS AND HOUSING SERVICES ANNUAL REPORT

Dr. Joshua Bamberger, Anne Kronenberg, and Marc Trotz presented the Homeless and Housing Services Annual Report.

Dr. Bamberger presented on the epidemiology of homelessness in San Francisco. He outlined the causes of homelessness, including deinstitutionalization without increases in community-based care, multiple diagnoses, lack of affordable housing, domestic violence, racism, and family dissolution. Despite difficulties in estimating the number of homeless, Dr. Bamberger noted that the estimates range from 2,000 to 17,000 for single adults and 1,300 for families. Studies show that the homeless population is overwhelmingly male and disproportionately African American. A significant portion is veterans, and most have a history of substance abuse, mental illness, and/or other behavioral health disorders. Homeless individuals have a disproportionate utilization of resources, including E.D. visits and hospital days.

Ms. Kronenberg presented on the City's efforts to solve homelessness. She noted the prominence it's playing in the upcoming Mayor's race, and the high profile of Proposition N. The Local Homeless Coordinating Board developed the five-year Continuum of Care Plan, and DPH and the Department of Human Services are the major City service providers for the homeless working collaboratively with the Mayor's Office on Homelessness. The CHANGES MIS system, required by HUD for communities receiving McKinney funding, will come on line later this year, and will provide an unduplicated count of homeless individuals seeking services in San Francisco. Ms. Kronenberg noted the number of partners with which DPH works to solve homelessness, including federal and local agencies and advocacy and advisory groups.

Ms. Kronenberg outlined the Department's Guiding Principles noting that DPH views homelessness as a health issue. Specific principles include harm reduction, partnerships with other agencies and organizations, collaboration across the Department, a focus on the chronically homeless, a view of housing as healthcare, and outcomes-based services. She added that the two strategic goals of the Department in working with the homeless population, homeless prevention and appropriate service prevention are consistent with the Department's Strategic Plan, particularly goals two and three.

Providing an overview of Homeless Services in the Department, Ms. Kronenberg highlighted the work of Primary Care (particularly through Tom Waddell Health Center), Health at Home, Community Behavioral Health Services, the Patient Flow Project, AB 2034 – MOST, the McMillan Stabilization Center, the Prevention Section, Laguna Honda Hospital, San Francisco General Hospital, and Housing and Urban Health. She noted that Tom Waddell has 90,000 encounters annually seeing 14,000 patients, provides routine HIV testing, has expanded its HIV outreach and services, and is under renovation.

Over the past year, the Community Behavioral Health Section was developed through the integration of substance abuse and mental health. The vision for the new section is "any door the right door," and is designed to improve access to care by providing wrap-around services and case management. The Patient Flow Project works to find housing and/or residential placement for clients who no longer require acute care. AB 495/MOST has seen a number of successes, including a 40 percent reduction in the average number of days in psychiatric hospitalizations, a 75 percent reduction in annual average days of incarceration, an 84 percent reduction in the annual average number of days homeless on the streets or in shelters, and a 49 percent increase in the annual average number of days employed.

The McMillan Stabilization Center opened in July 2003 using 20 beds at the CATS McMillan Drop-In Center. The purpose is to divert inebriants from hospital emergency rooms and to ensure follow-up including medical care, clinical case management, and provide priority status for detox.

The Prevention Section's services are designed to prevent homelessness or its secondary effects. The section includes education, health promotion, testing and screening, adherence support, and primary care. Client directed prevention services are targeted in neighborhoods where residents are "a step away from homelessness." The goal is to build capacity and skills among the community.

In FY 2002-03, 8.7 percent of SFGH's patients were homeless. Ms. Kronenberg acknowledged that this is significantly less than many studies have shown, and that the hospital is working on better mechanisms to track patients who meet the City's broad definition of homelessness. She highlighted a number of SFGH programs that serve a primarily homeless population including the ISIS Clinic designed to treat abscesses and provide related services, the IVDU case management program, Ozanam medically assisted detox, the TOPS TB clinic in the Tenderloin, the E.D. Psychiatric Case Management program, and the Inpatient High Users Program.

Laguna Honda Hospital is the safety net provider for homeless San Franciscans in need of nursing care. A total of 132 (12.6%) Laguna Honda residents in FY 2002-03 were homeless. In addition, the Substance Abuse Treatment Services (SATS) program monitors 125 residents, 90 percent of whom are homeless.

Mr. Trotz presented on the accomplishments of the Housing and Urban Health. He began by raising the question of why the Department invests in housing, which include reduction of the over-utilization of high-end health care resources, increasing the effectiveness of DPH services by providing a safe and healthy environment for clients, and providing housing tailored to the needs of clients and community-based exits from DPH institutions. The Department focuses its housing on the chronically homeless, people with complex medical and behavioral health disorders, people with a history of institutional care, and people who have never or not successfully been housed. The Department spends $15.4 million on an array of housing services, including long-term permanent (61%), transitional (19%), emergency/stabilization (8%), direct medical services (2%), and other (9%).

The Direct Access to Housing (DAH) program provides permanent housing using a low-threshold model, moving people directly from the streets and institutions. Sites provide a variety of on-site support services, including case management, medical care, behavioral health, property management, and third party rent payments. Access points into DAH housing include street outreach teams, emergency shelters, community-based organizations, high-utilizer case management teams, primary care clinics, and institutional settings.

Mr. Trotz gave an overview of each of the six current DAH sites including the Pacific Bay Inn, Windsor, Le Nain, Broderick Street Residential Care Facility, and the Star and Camelot, the last two which were newly opened in 2003. In total, DAH offers 393 units.

In terms of outcomes, two-thirds (67%) of DAH residents remain housed for at least two years. Other outcomes include moving to market-rate housing (11%), moving to a higher level of care (5%), death (4%), and eviction (13%). Mr. Trotz pointed out that evictions happen under only the most difficult of circumstances, not for minor or first time offenses. DAH healthcare outcomes include a 58% reduction in emergency department use, a 57% reduction in hospital inpatient bed use, and a reduction in the length of psychiatric hospitalizations.

Mr. Trotz then gave an overview of Department-wide planned projects for 2003-04. They include:

- Integrate and expand respite services
- Develop senior-specific housing
- Develop a federally funded DAH site
- Expand health services at DHS hotels
- Continue the renovation of the Tom Waddell Health Center
- Continue to develop the McMillan Stabilization Center

He concluded the presentation by noting the Departmental recommendation for which staff is seeking Commission recommendations:

- Expand housing options
- Continue to assist in moving people from institutional to community settings
- Increase health services in DHS facilities
- Expand primary care for homeless people
- Increase mainstream funding sources
- Continue to integrate services and connect sections within DPH
- Maintain and expand connections to state and federal advocacy organizations.

Commissioners' Comments:

- Commissioner Guy asked what would be the net increase of units from the federal grant and the Board of Supervisors' addbacks. Mr. Trotz responded that HUH is planning 90 units from federal grant. They are, however, hoping to partner with other agencies to open approximately 290 units of respite, senior, and permanent housing. Commissioner Guy added the importance to recognize that the Department is attacking the problem systematically to address the housing and service needs for a particular subset of the homeless. She recognized Mr. Trotz and his staff for their efforts and leadership in developing a vision for the Department. She also recognized Ms. Kronenberg for her work with the Local Homeless Coordinating Board.

- Commissioner Guy asked how Laguna Honda Hospital is incorporating the homeless population. With the construction of the independent living units, is this a population that can be housed in these units? Mr. Trotz responded that the goal is to make these units state-of-the art for disabled, at-risk population who would otherwise be homeless. Commissioner Guy noted the need to keep this in mind while developing next Strategic Plan.

- Commissioner Umekubo asked how many homeless refuse housing and services. Mr. Trotz responded that he does not have scientific data but believes it is a small number. When services get developed they're overwhelmingly utilized. He did note that shelters may be perceived as unsafe or as not meeting needs, but has not seen that with other services.

- Commissioner Umekubo noted the difficulty in getting data on the homeless population, and believes that developing a database makes sense. It will make it easier to get information on the particular problems of homeless population and develop services that are tailored to those needs. He asked whether overutilizers of health services are the target population for housing. Mr. Trotz responded in the affirmative, adding that because we're the Health Department we need to be targeting our resources to solve health problems.

- Commissioner Umekubo asked whether homeless is a national problem. In his view from traveling to other cities, homelessness doesn't seem to be as big of a problem in other communities. Why is that? Is San Francisco a magnet for homeless and, if so, how can this be solved with limited resources? Mr. Trotz responded that homelessness is on the rise nationally. San Francisco may have a somewhat different problem in that homeless is not as visible in other communities. San Francisco has been more tolerant of the homeless on the streets, while other cities have taken more of a "crack down" approach. Dr. Bamberger cited a study that shows that 90 percent of the homeless have been in the City for 20 or more years, dispelling the myth that homeless people migrate to San Francisco.

- Commissioner Parker asked whether there are problem-solving mechanisms to deal with problems within facilities. Mr. Trotz responded in the affirmative, noting that there are one-on-one services, case management, property management, building meetings and councils, and other services structures in place to help individuals relearn how to live in an apartment. Commissioner Parker asked how disputes are handled between renters and owners? Mr. Trotz responded that mediation between renters and owners does not happen because buildings are master leased, and the owner is not in the picture. As the master leaser, in effect DPH is the ten-year owner.

- Commissioner Chow asked how staff selects which services go to which buildings? Mr. Trotz responded that it is partly related to which funding was available when building was established, and is also related to resources available within the department.

- Commissioner Chow referenced Appendix D in the written report, which includes unit allocation to agencies. He asked if Laguna Honda has seven slots and those slots are occupied for two or more years, does Laguna Honda get any additional slots? Mr. Trotz responded in the affirmative, adding that HUH does not maintain waiting lists. Effectively each agency owns its allotment of rooms and when they are vacated that agency is notified of the vacancy and can use that room as it sees fit. He added that the Department could look at a different model, such as case review based on the current priorities of the Department, especially if priorities change over time. Commissioner Chow asked about the vacancy rate in the DAH hotels. Mr. Trotz responded that it is effectively zero.

- Commissioner Sánchez noted the challenges that face DPH, adding that data generates more questions. He noted the need to establish modalities to address the diversity of the homeless population (vets, young people, seniors), and the need to ensure that DPH looks at evidence-based outcomes as it develops services.

- Commissioner Guy noted the need for a Community Health Network Joint Conference Committee discussion. Given the progress that the Department has made, it needs to look at population shifts and how data are being collected, particularly from sections within the Department (SFGH, LHH, HaH, MHRF, CBHS). Not only is the population complex and varied, but also the way services are provided within the Department is complex and deserves examination.

- Commissioner Guy noted that if San Francisco is a magnet for the homeless, DPH needs to examine how San Francisco is a magnet. She drew a parallel to the early years in AIDS epidemic when people came here because San Francisco was the only place that was able to handle the crisis.

- Commissioner Chow noted that recommendations two through four are ripe for further discussion at the Community Health Network Joint Conference Committee. He added that it's becoming clear how the Department is approaching the problem, and that targeting housing to high users is a clear strategy. He believes that the report laid out the Department's philosophy and clearly gave the Department a strategy. Dr. Katz responded the he is proud of what the Department has done. It has required close work among staff and the Commission to make policy changes. The big decisions have included adopting a housing unit within the Department, which doesn't negate what other sections are doing; developing master lease housing, which provides faster access to units than building from ground up; and deciding in each budget cycle to fund housing ahead of the savings that the Department believes would accrue from developing that housing. It has been a marriage of policy and implementation. He concluded by noting that along with SFGH, Laguna Honda, and the MHRF, the DAH program represents another 24-hour service of the Department.

- Commissioner Chow concluded by noting that there can be a solution targeting what San Francisco is facing as a community. This report shows that there are solutions to what seems an intractable problem.

6) PUBLIC COMMENTS

- Joseph McInerney spoke out against involuntary servitude in residential treatment programs in the form of requiring clients to do chores as part of their treatment plans. He has filed a class action lawsuit and criminal charges against the Department and the Commission. He added that a resident in the MHRF is being held against her will because she has evidence and could testify to this.

7) ADJOURNMENT

The meeting was adjourned at 5:27 p.m.

Jim Soos
Acting Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

SEP 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

HEALTH COMMISSION MEETING

Tuesday, September 16, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF SEPTEMBER 2, 2003**
**Minutes of September 2, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **AIDS Office-HIV Prevention** – Request for approval of a retroactive sole source contract renewal with Centerforce, Inc., in the amount of $709,863, to provide HIV prevention services targeting incarcerated and post-release inmates of San Quentin State Prison, Central California Women's Facility and Fresno County Jail, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client Demographic Information and Monitoring Report summaries*

(3.2) **AIDS Office-HIV Prevention** – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $614,874, to provide HIV support services targeting incarcerated men, women and transgendered individuals and a research project to assess the effectiveness of the program, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client Demographic Information and Monitoring Report summaries*

(3.3) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Conard House, in the amount of $5,202,299, to provide residential, outpatient, supportive housing and vocational training mental health services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client Demographic Information and Monitoring Report summaries*

(3.4) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Family Service Agency, in the amount of $6,075,757 to provide mental health case management and medication support services for children and adults, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client Demographic Information and Monitoring Report summaries and Corrective action plan*

(3.5) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Addiction Research and Treatment (dba BAART), in the amount of $5,519,938, to provide substance abuse services, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Client Demographic Information and Monitoring Report summaries, Response letter and Corrective action plan*

(3.6) **CHN-Nursing Operations** – Request for approval of contract renewals with the following firms for a combined total of $1,350,000: HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International to provide supplemental, temporary per diem and traveling nursing personnel for San Francisco General Hospital (SFGH), Community Health Network, for the period of September 1, 2003 through June 30, 2004.
* *Calendaring request memo, Attachments listing rates & owners, Monitoring report summaries*

(3.7) **Central Administration-Policy and Planning** – Request for approval of a new contract with P.B. Strategies, in the amount of $323,676, to provide strategic planning and project management services for ongoing primary care capital improvement projects, for the period of October 1, 2003 through June 30, 2005.
* *Calendaring request memo, Progress Report, and Monitoring report summary*

(3.8) **Central Administration** – Annual Report of Gifts Received in FY 2002-2003.
* *Report*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **PRESENTATION OF A REPORT ON THE McMILLAN STABILIZATION CENTER**
(Barbara A. Garcia, Deputy Director of Health, Community Health Services)
**Report*

7) **FOR DISCUSSION:** **PRESENTATION OF A REPORT ON THE SAN FRANCISCO FOOD SYSTEMS COUNCIL**
(Rajiv Bhatia, MD, MPH, Director of Environmental and Occupational Safety)
**Report*

8) **PUBLIC COMMENTS**

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

OCT - 2 2003

SAN FRANCISCO
PUBLIC LIBRARY

MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 16, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF SEPTEMBER 2, 2003

Action Taken: The Commission approved the minutes of the September 16, 2003 Health Commission.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **AIDS Office-HIV Prevention** – Request for approval of a retroactive sole source contract renewal with Centerforce, Inc., in the amount of $709,863, to provide HIV prevention services targeting incarcerated and post-release inmates of San Quentin State Prison, Central California Women's Facility and Fresno County Jail, for the period of July 1, 2003 through June 30, 2004.

(3.2) **AIDS Office-HIV Prevention** – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $614,874, to provide HIV support services targeting incarcerated men, women and transgendered individuals and a research project to assess the effectiveness of the program, for the period of July 1, 2003 through June 30, 2004.

(3.3) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Conard House, in the amount of $5,202,299, to provide residential, outpatient, supportive housing and vocational training mental health services, for the period of July 1, 2003 through June 30, 2004.

(3.4) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Family Service Agency, in the amount of $6,075,757 to provide mental health case management and medication support services for children and adults, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Penn asked when evaluation data would be available. Charles Collins from FSA replied that they expect data in the Fall of 2004, and also will be presenting findings to the State Legislature.

(3.5) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Addiction Research and Treatment (dba BAART), in the amount of $5,519,938, to provide substance abuse services, for the period of July 1, 2003 through June 30, 2007.

Jim Stillwell, DPH staff, noted that the contract term is through June 30, 2004, not June 30, 2007 as stated on the agenda.

(3.6) **CHN-Nursing Operations** – Request for approval of contract renewals with the following firms for a combined total of $1,350,000: HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International to provide supplemental, temporary per diem and traveling nursing personnel for San Francisco General Hospital (SFGH), Community Health Network, for the period of September 1, 2003 through June 30, 2004.

Commissioner Monfredini noted that there is a mistake on the contract summary form (page 3.6). The "Annualized Difference" column has ($64,167) and the correct amount should be ($770,004).

(3.7) **Central Administration-Policy and Planning** – Request for approval of a new contract with P.B. Strategies, in the amount of $323,676, to provide strategic planning and project management services for ongoing primary care capital improvement projects, for the period of October 1, 2003 through June 30, 2005.

(3.8) **Central Administration** – Annual Report of Gifts Received in FY 2002-2003.

Commissioners' Comments (at the full Commission)

- Commissioner Parker asked staff to clarify demographic information for Item 3.1. Steven Tierney stated that the 14,475 adults represent the total number of prisoners who go through orientation. The health curriculum and the HIV curriculum are part of the orientation. For 3.2 Commissioner Parker asked when the research data would be reported. Mr. Tierney said they would report to the Commission, through the PHP JCC, in December. For Item 3.3, staff clarified the per unit cost.

Action Taken: The Commission approved Items 3.4 through 3.8 of the Consent Calendar of the Budget Committee. After separate discussion, the Health Commission approved Items 3.1, 3.2 and 3.3 of the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Legislature Adjourns After Passing Major Health Care and Workers' Compensation Reform

The Legislature adjourned for the first year of its 2003-04 session in the early hours of Saturday, September 13th. Among the many measures they passed and on its way to the Governor is a SB 2 (Burton/Speier) the "Pay or Play" employer health insurance mandate. If signed, the bill would require that employers either provide health insurance coverage for their employees or pay into a State pool that would purchase coverage for those employees. The "Pay or Play" mandate would be effective on January 1, 2006 for large employers (200 or more employees), who must offer coverage to employees and their dependents. Medium-sized employers (50 to 199 employees) would be required to comply by January 1, 2007 and would have to offer coverage to employees only. Employers with between 20 and 49 employees would be exempt unless a subsequent tax credit is enacted, and those with fewer than 20 employees are completely exempt. Coverage would have to comply with Knox-Keene HMO standards, plus prescription drugs. Employers would have to cover at least 80% of the premium costs, or pay into the State pool. Health benefits determined through Taft-Hartley or any other collective bargaining agreement would be exempt. If enacted, it is expected that significant litigation will follow, including issues around ERISA. The reform package is expected to extend health insurance coverage to approximately one million of the seven million currently uninsured Californians.

In addition to health care reform, a seven-bill Workers' Compensation reform package has also been sent to the Governor and he has already declared he will sign it into law. Proponents claim the measures will reduce costs by over $5 billion, largely as the result of medical reforms, to the $29 billion workers' compensation system.

Supervisor Ammiano's Homeless and Housing Press Conference

Supervisor Ammiano sponsored Resolution 252-03 early last summer requesting a report from DPH on "Strategies for Homeless Individuals with Mental Health Diagnoses, Substance Abuse Diagnoses and Chronic Medical Conditions". The information requested was similar to that provided in the Homeless and Housing Report September 2nd to the Health Commission. Yesterday, Supervisor Ammiano held a press conference to release the report and called for an expansion of the DAH program, highlighting the lack of permanent housing as a key obstacle to achieving lasting health improvements. Dr. Katz spoke at the conference and concurred that housing is a health issue.

Childhood Lead Prevention Program

The Department's Childhood Lead Prevention Program is revising its case management protocol in response to recent and compelling research that indicates adverse health effects from relatively low exposures to lead. Families of children with blood lead levels of 5 - 9 mcg/dL will routinely be sent an information packet containing health education material on lead hazards and lead poisoning. These families may also request an environmental investigation, which may require property owners to remediate identified lead hazards. Families of children with blood lead levels of 10 - 14 mcg/dL will receive an environmental investigation to assess potential environmental lead exposures to children. DPH staff conducting environmental investigations will have enforcement authority to require property owners to correct problems contributing to lead hazards. Prior to this revision, this level of service was provided in accordance with the State Childhood Lead Poisoning Prevention Branch case management protocol, which required an environmental investigation for blood lead levels of 15 mcg/dL and above.

AB 2034 Homeless Outreach Program Update

The AB 2034 Homeless Outreach Program served 163 clients in FY 2002-03. For these clients, there has been a documented reduction of 40% in annual average number of psychiatric hospitalization days, a 75% reduction in annual average number of days incarcerated, an 84% reduction in annual average number of days homeless on the streets or in shelters, and a 49 % increase in annual average number of days employed. The program has served a total of 205 clients since its inception.

APHA Art Contest for SFUSD Students

The American Public Health Association (APHA), DPH's Occupational and Environmental Health Section and the San Francisco Food Systems Council are co-sponsoring an art contest for San Francisco Unified School District students as part of the annual APHA Conference that will be held in San Francisco this November The "Harvesting Health: Food, Health, and the Environment" art contest is requesting submissions by SFUSD students illustrating how growing, sharing and eating good, nutritious food contributes to the health and well being of our communities. This contest is aimed at increasing awareness of and respect for how good food is grown and processed, how it is eaten and recycled. Additional information on this project may be found online at **www.sffoodsystems.org,** by clicking on "Harvesting Health".

Open House at LHH Rehab Services Department

In honor of a National Rehabilitation Awareness Week, the Rehabilitation Services Department at Laguna Honda Hospital and Rehabilitation Center (LHH) is hosting an Open House for staff and other Bay Area health care providers on September 25th, from 2 p.m. to 4 p.m. in the Physical Therapy and Occupational Therapy/Speech Pathology Departments. It has been an exciting and rewarding year for LHH's Rehab Services staff. They continue to develop and refine programming in many areas, including community re-entry, restorative care, restraint reduction, and fall prevention. They have also been distinguished with Best Practice awards and recognitions. The event is an opportunity to learn more about the Community Reintegration Program, Restorative Care Program, and other rehabilitation services at LHH.

Intimate Partner Violence Strategic Plan

The Intimate Partner Violence project is celebrating the completion of its Strategic Plan on Wednesday, September 24th, from 3 p.m. to 5 p.m. at the GLBT Center. The Plan is the result of a yearlong planning process and focuses on primary prevention of intimate partner violence. It takes a public health perspective and describes the root causes and risk factors associated with intimate

partner violence. The plan outlines 15 primary prevention objectives and potential strategies to reach them.

Proyecto ContraSIDA Por Vida honors Barbara Garcia, Deputy Director of Health
Proyecto ContraSIDA Por Vida (PCPV) celebrated 10 years of serving the Latina/bisexual, lesbian, transgender, and gay communities in resisting/responding to HIV and other diseases. This year, PCPV's Por Vida Awards honored Deputy Director of Health Barbara Garcia for her dedication to improving the quality of health and health care in the Latino community and for her leadership in the adoption of a harm reduction mandate in San Francisco.

Commissioners' Comments

- Commissioner Parker asked what impact the workers compensation reform would have on the Department. Dr. Katz said it is not yet known. San Francisco is self-insured, which is different from how other employers operate.

- Commissioner Chow asked how DPH identifies children with high lead levels. Dr. Katz said there is mandatory reporting of lead levels from other laboratories to DPH.

- Commissioner Guy said that the State legislature should be applauded for AB 2034 Homeless Outreach Program. DPH can demonstrate the positive impact of this program on so many levels. The Department can continue to learn about what really solves homelessness from this project.

- Commissioner Penn asked why SB 2 would not be effective until 2007. Dr. Katz said the delay is partly political and partly to provide businesses time to prepare for implementation. Commissioner Penn asked how many children would be impacted by the revised protocol for lead exposure. Dr. Katz said that it is not a large number of children, but the research demonstrated that the lower levels did result in detriments to intelligence where previously it was not thought so. Dr. Katz will provide the Commission with the New England Journal of Medicine article.

- Commissioner Umekubo is pleased that the legislature is paying attention to the plight of the uninsured. With regard to workers compensation, he asked if there would be more changes to workers compensation. Dr. Katz replied that he does not know, and this is a balancing act between businesses and patient advocates.

- Commissioner Parker asked if the SFUSD Art Contest would include a focus on youth obesity. Dr. Katz said the emphasis would be on healthy food, rather than a negative message about obesity.

- Commissioner Sanchez added that a key part of children's health is physical activity, not just healthy eating. There has been a tremendous decrease in play areas over the years.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER

Commissioner Monfredini presented the Department of Public Health Employee Recognition Awards for September.

Team #1 Awardees	Division	Nominated by
Judith Klain	CHN – Planning	Susan Fernyak, M.D., Director, Community Health Epidemiology and Disease Control
Amy Pine Immunization Programs Manager	PHP – Community Health Epidemiology and Disease Control	" " " "
Ann Stangby EMS Specialist	SFGH – Disaster Planning	" " " "

Team #2 Awardees	Division	Nominated by
Frances Culp Health Program Planner	DPH – Policy and Planning	Anne Kronenberg Deputy Director, DPH
Jim Soos Sr. Health Program Planner	" " "	" "

6) PRESENTATION OF A REPORT ON THE McMILLAN STABILIZATION CENTER

Barbara A. Garcia, Deputy Director of Health, Community Health Services, presented an update on the McMillan Stabilization Center. The Board of Supervisors appointed the Hospital Diversion Task Force to address hospital diversion and the medical burden of chronic public inebriates. One of the recommendations was to develop a pilot sobering unit project that includes medically safe triage protocols for inebriate transport to a sobering center and on-site case management and linkage. Project funders included DPH, the Hospital Council and other private sources. It was a truly collaborative effort with many DPH programs, the Fire and Emergency Communications Departments, the Hospital Council, CATS and Baker Places.

Dr. Barry Zevin continued the presentation with a description of the McMillan Stabilization Project:

McMillan Drop-in Center (MDIC) – located at 39 Fell Street, provides drop in support for unsheltered homeless people. MDIC is operated by CATS.

Sobering Unit – 20 stabilization beds at MDIC and staff assigned to ensure that intoxicated clients will safely sober up.

McMillan Stabilization Pilot Project – Sobering Unit and associated primary care and behavioral health providers collaborating to facilitate long term stability for clients.

When fully staffed, the project will operate 24/7, 365 days per year. Paramedics will triage inebriates on the street. MDIC nursing staff will be guided by protocol with specific inclusion and exclusion criteria. The project has a robust case management model. And throughout the entire department, services will be prioritized for project clients.

McMillan Stabilization Project Goals

1. To provide better care for chronic public inebriates and improve their health outcomes. This goal will be measured through discharge status and utilization of the treatment system.

2. To decrease the number of inappropriate ambulance trips that are transporting chronic public inebriates to the Emergency Department. This goal will be measured by seeing if there has been appropriate triage and transportation of destination for the client on the street and if there has been a decrease in the total number of hours of ED diversion.

3. To decrease the number of inappropriate chronic public inebriates seen in the emergency room. This goal will be measured by determining if there has been a decrease in inappropriate ED use and the number of pick ups by the MAP VAN after clearance at participating hospitals.

It is anticipated that the program will serve 500 unduplicated clients per years and will have 5,000 to 10,000 encounters per year with these clients. The project had an ambitious timeline and Dr. Zevin said they planning committees (Project Oversight Committee and Medical Advisory Committee) have met the timeline goals.

Dr. Katz said one expected outcome is an improvement in the payor mix at the SFGH emergency department, which is important because these savings have already been allocated to fund the program.

Public Comments

- Scott Campbell, M.D., Chairman of the San Francisco Ambulance Diversion Task Force and emergency room physician at Kaiser San Francisco, said that this pilot project is a new model of public/private partnership for alternative transportation for a very complex group of patients. This has not been done before in California. The data shows that the number of ambulance transports a city generates directly correlates with how busy emergency departments are, so anything that can be done to decrease the number of transports will be beneficial.

- Abbie Yant, St. Francis Memorial Hospital and member of the Ambulance Diversion Task Force, said a number of decisions, including the Police Department decision to not transport inebriates to jails, culminated in the crisis of emergency room overcrowding. This project addresses a disenfranchised population in a way that meets their needs. They do not need to be in an emergency room, but instead in an environment like the stabilization center.

- Ron Smith, Hospital Council, said this was a wonderful public/private partnership that can be used as a model. The program has already had successful results.

- Glenn Ortiz-Schuldt, Emergency Communications Department, said ECD is excited about this new partnership. Currently ECD fields 6-8 calls per day from emergency rooms that are referred to the MAP van for patients to be transported to the stabilization center. On October 1, paramedics will for the first time transport from the scene directly to the sobering center. ECD will be tracking this data and can provide various reports to DPH upon request.

Commissioners' Comments

- Commissioner Monfredini asked about the staffing pattern. Dr. Zevin said the center has LVNs, medical assistants, nurse practitioners, caseworkers, social workers and sometimes physicians. Commissioner Monfredini asked if IVs could be used at the center. Dr. Zevin replied that if a patient requires an IV, he would be transported to a hospital. Commissioner Monfredini asked if the MAP van has the capacity to accommodate increased numbers. Barbara Garcia replied that the MAP van staffing has been reworked to now provide more than just transportation. There will be gaps, and the pilot project evaluation will identify these gaps. Dr. Campbell added that Seattle and Portland have been using MAP vans very safely and effectively.

- Commissioner Chow asked how the Department assures that the right mix of staff will be at the center. Dr. Zevin said that he visited both Seattle and Portland, talking to medical directors and reviewing their protocols. This information, was discussed through the Medical Advisory Committee, which developed the specific protocols for McMillan. Quality assurance will be performed throughout. The protocols are available on the DPH Intranet site.

- Commissioner Penn asked if the MAP van staff is trained on the same protocols. Dr. Zevin said MAP staff is not trained medical personnel, but trained on working with this population. They use their own protocol to determine where the person should be transported. Once a person is taken to McMillan, McMillan staff will reevaluate the patient and may determine that the person does need to go to a hospital. This is the same evaluation as that done by trained paramedics on the street. This will be fully analyzed as part of the pilot project evaluation. Commissioner Penn asked if the pilot project evaluation would allow the Department to see if it is impacting the 20% of the patients who use 80% of the ambulances services. Barbara Garcia said they already have a cohort of 140 and can immediately look at their utilization. Furthermore, the new computer systems will allow the Department to look at service usage throughout the Department. Dr. Campbell added that many physicians are awaiting the data that will come out of McMillan and will provide another level of review.

- Commissioner Umekubo commended everyone for developing the public/private solution for this complex problem. With regard to funding, will the Hospital Council continue to fund a portion of the project, and how will funding be sustained. Ms. Garcia said the hope is that the private partners will continue to fund the project, there is funding from San Francisco General Hospital and funding will continue to be a high priority for DPH. Mr. Smith stated that the Hospital Council will evaluate the data and if the program is successful would look favorably at providing additional funding.

- Commissioner Chow asked when staff would be ready to report evaluation findings. Ms. Garcia said they could provide updates every six months. She noted, however, that there is no money attached to the evaluation piece but a number of people are interested in undertaking the evaluation. Commissioner Chow asked for an update on the October 1st implementation in November, in terms of volume of people being served. Project evaluation updates should go through the Community Health Network Joint Conference Committee.

- Commissioner Monfredini asked for the San Francisco General Hospital Joint Conference Committee to be kept apprised as well, specifically regarding the impact on SFGH ED diversion.

- Commissioner Guy asked how DPH would use the evaluation to identify both successes and areas that need modification. Funding for the evaluation is critical and needs to be identified.

Ms. Garcia said that evaluation is a priority and there is a commitment from staff to undertake the evaluation.

- Commissioner Sanchez said there might be some evaluation funding available through state sources.

- Commissioner Parker is excited about the McMillan center, which has been badly needed for a long time. Crisis often leads to creativity, and this is one example. The money DPH will save in the emergency department will outweigh what is spent on this program, so DPH should continue to fight to maintain this service. This program will have a positive impact across the board, from diversion rates to homeless deaths, to quality of life.

- Commissioner Chow commented that the real message is that this program focuses the problems of public inebriates. This emphasis got lost in discussions about revenue losses at private hospitals and SFGH. This program emphasizes addressing the needs of this complex population.

7) PRESENTATION OF A REPORT ON THE SAN FRANCISCO FOOD SYSTEMS COUNCIL

Rajiv Bhatia, MD, MPH, Director of Environmental and Occupational Safety, said the focus on food consumption and sustainability came out of the environmental justice movement in Bayview Hunters Point. DPH initiated the San Francisco Food Systems Council as a partnership with the San Francisco Foundation Community Opportunities Fund in 2002. The Council's mission is to build bridges between urban food consumers and regional sustainable agriculture in order to support accessible and affordable nutritious food for all San Franciscans.

Fernando F. Ona, PhD., MPH, Occupational and Environmental Health, continued the presentation. A youth led survey of food needs along the third street corridor resulted in four priorities: a grocery store, farmers markets, better food choices at corner markets and better fast food choices.

One of the initiatives is the Farm-to-School project. Staff did a school food environment survey at SFUSD schools, and has started a pilot project with SFUSD School Nutrition Services. Another big issue is to have local farmers' markets accept food stamps/electronic benefit transfers. This is a complex, controversial and somewhat political issue. But if Subway can accept EBTs, then farmers' markets should be able to.

Coalition, Partnership and Collaboration Building

- Food Alliance
- Technical Advisory Board and Strategic Planning
- Working with SFUSD, CBOs and other entities

Community Food Assessments and Community Action Research

- The San Francisco Food Systems Guidebook
- Childcare provider Food Assessment – they received a grant from the USDA to provide healthy food to providers in Visitation Valley
- West Point Hunters' View Food Assessment
- Visitation Valley Food Ethnography
- Alemany Mini-Community Food Assessment
- Food Assistance at Farmers' Markets

Technical Support and Assistance

- Integrating Food Systems Activities
- Supporting CBOs in food work
- Connecting state, regional and local food systems' work
- Building capacity of communities
- Bridging academic, government and community

Mr. Ona stated the six strategic plan goals:

1. To increase awareness of food as a systems issue within San Francisco and the importance of a sustainable and equitable food system for San Franciscans.
2. To support local and regional sustainable food production.
3. To maximize opportunities for the sale and distribution of local and regional sustainable agriculture in San Francisco's urban markets.
4. To ensure access by all people at all times to enough nutritious, affordable, safe and culturally diverse food for an active, healthy life.
5. To encourage recycling of all organic residuals, reinforce the elimination of chemical use in agriculture and landscaping and promote the use of sustainable practices that enhance natural regional biological systems upon which the City and County of San Francisco depends.
6. To establish and coordinate mechanisms for community participation in the development of relevant policies to achieve a sustainable and equitable food system.

Next Steps

- Implementation of the Strategic Plan
- Continued development of the website (www.sffoodsystems.org)
- Building the Food Alliance
- Strengthening food systems' work
- Supporting community capacity building
- Publication and dissemination of work
- evaluation

Commissioners' Comments

- Commissioner Monfredini is frustrated that the farmers markets do not accept food stamps. This needs to be rectified. Commissioner Monfredini also noted that many urban neighborhood markets carry fresh fruit and produce, and this should be replicated at all of San Francisco's markets.

- Commissioner Umekubo said that food is such a fundamental issue but is also very complex. How can the Health Commission support the initiative? Dr. Bhatia said that they have been able to leverage funds for this effort, so funding is not the primary issue. The Food Alliance will be developing policy solutions and the Health Commission can advance these policies through resolutions and other actions. The Health Commission can also help break down the silos in the City by working with other Commissions, through panels, meetings, etc. Commissioner Umekubo asked if the Farm to School program was at private schools. Mr. Ona said not at this time, but hope to expand to all schools in the future.

- Commissioner Chow asked why a simple issue of creating a salad bar at a school is so difficult. Mr. Ona said there are many impediments, including lack of food preparation facilities at schools, the labor required to prepare food, and the lack of will by SFUSD to engage in Farm to School. They are working to overcome these obstacles.

- Commissioner Guy thanked the Commission and the Department for being open to looking at health and nutrition from a broader perspective. It took a long time for the problem of unhealthy food choices and food systems to develop, and the solutions will not happen over night. The Commission will continue to support the good work of this initiative.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 6:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

OCT - 2 2003

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, October 7, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF SEPTEMBER 16, 2003**
**Minutes of September 16, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **DPH-Community Health Epidemiology and Disease Control.** Presentation of a Resolution Approving an Agreement with Santa Clara County for Membership in the Bay Area Regional Immunization Registry.
**Joint Powers Agreement*

(3.2) **AIDS Office-HIV Health Services** - Request for approval for contract modifications to extend the term for an additional year eight FY 2003-2004 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I, contracts for total of $2,796,023, for the period of March 1, 2004 through February 28, 2005. The two year combined total for the period of March 1, 2003 through February 28, 2005 for these contracts will be $5,592,046 with the following agencies:

Contractor	Modification Amount	Total Two Year Amount
Glide Foundation	$ 93,500	$ 187,000
New Leaf	$ 193,269	$ 386,538
Positive Resource Center	$ 268,815	$ 537,630
Saint Mary's Medical Center.	$ 580,585	$1,161,170
San Francisco Food Bank	$ 92,800	$ 185,600
Tenderloin AIDS Resource Center	$ 566,874	$1,133,748
UCSF-AIDS Health Project	$ 951,880	$1,903,760
Urban Indian Health Board, Inc.	$ 48,300	$ 96,600
Total	**$2,796,023**	**$5,592,046**

** Calendaring request memo, Agency/Service description, List of Boards of Directors*

(3.3) **AIDS Office-HIV Prevention** – Request for approval to accept and expend a grant from the Centers for Disease Control and Prevention, in the amount of $393,478, to design and implement a demonstration project to use rapid HIV tests to improve outcome of partner counseling and referral services, for the period of September 15, 2003 through September 14, 2005.
** Calendaring request memo, Grant information form, Budget pages*

(3.4) **AIDS Office-HIV/AIDS Statistics and Epidemiology** – Request for approval to accept retroactively and expend a three-year grant from the Centers for Disease Control and Prevention, in the amount of $518,646, for a study of HIV risk behavior surveillance among men who have sex with men, for the period of September 30, 2003 through September 29, 2006, and a sole source contract with UCSF Center for AIDS Prevention Studies, in the amount of $291,723 for the same time period.
** Calendaring request memo, Grant information form, Budget pages*

(3.5) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend a subcontract from Public Health Foundation Enterprises, Inc., in the amount of $74,732, to participate in the HIV Vaccine Trials Network Scholars Program, for the period of September 1, 2003 through August 31, 2004.
** Calendaring request memo, Grant information form, Budget pages*

(3.6) **CHPP-Health Promotion** – Request approval to accept retroactively and expend a grant from the Centers for Disease Control and Prevention, in the amount of $99,350, for a 12-month project to analyze pedestrian injury patterns and evaluate the effectiveness of countermeasures, for the period of September 1, 2003 through August 31, 2004.
** Calendaring request memo, Budget pages, Grant information form*

(3.7) **CHPP-Health Promotion** – Request for approval of a contract modification with San Francisco Study Center, Inc., in the amount of $402,707, for the period of October 1, 2003 through June 30, 2005, to provide additional fiscal sponsor services for the Tobacco Free Project

Community Capacity Building Training Center, for a total contract value of $2,452,256, for the period of July 1, 2001 through June 30, 2005.
** Calendaring request memo*

(3.8) **CHPP-Health Promotion** – Request for approval of a retroactive contract renewal with Polaris Research and Development, in the amount of $400,000, to provide Black Infant Health Improvement Program services targeting African American parents, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.9) **CHS-AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $171,638, to provide fiscal intermediary services for the FY 2003-04 CHIP Hospital and Physician Program, for the period of November 15, 2003 through March 31, 2005.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.10) **CHP-Housing and Urban Health** – Request for approval of a contract modification with San Francisco AIDS Foundation, in the amount of $110,000, to provide residential subsidy services targeting persons with HIV/AIDS, for the period of October 1, 2003 through June 30, 2004, for a total contract value of $565,144.
** Calendaring request memo, Client demographic information form*

(3.11) **CHP-Housing and Urban Health** – Request for approval of a contract renewal with Baker Places, Inc., for the Behavioral Health Demonstration Project, in the amount of $397,725, to provide behavioral health services targeting Direct Access to Housing participants, for the period of September 30, 2003 through September 29, 2004.
** Calendaring request memo, Client demographic information form*

(3.12) **CHP-Housing and Urban Health** – Request for approval of a retroactive new contract with Chinatown Community Development Center, the lead agency and fiscal agent for the SRO Families Collaborative, in the amount of $100,000, for the period of July 1, 2003 through November 30, 2003.
** Calendaring request memo*

(3.13) **CBHS-Mental Health** – Request for approval of a retroactive contract modification with Bay Area Bookkeeping, in the amount of $270,000, for fiscal year 2003-04 only, for check-writing fees and payments to State-mandated non-contract hospital providers, for a total amount of $1,195,120 for fiscal year 2003/04, and a total contract amount of $3,970,480 for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo*

(3.14) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Mt. St. Joseph-St. Elizabeth's Epiphany Center for Families in Recovery, in the amount of $1,074,666 per year for a total contract value of $4,298,664, to provide residential and outpatient substance abuse services, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report memo, Monitoring report summaries, Client demographic information form*

(3.15) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Larkin Street Youth Services, in the amount of $313,681, to provide substance abuse prevention services targeting homeless and runaway youth, for the period of July 1, 2003 through June 30, 2004.

* *Calendaring request memo, Monitoring report memo, Monitoring report summary, Corrective action plan, Client demographic information forms*

(3.16) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $2,014,153, to provide substance abuse treatment services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Corrective Action Plan memo, Monitoring report summaries, Corrective action plans, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE**
(Gene O'Connell, Executive Administrator, SFGHMC)
**Update*

6) **PUBLIC COMMENTS**

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

103

MINUTES

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

OCT 16 2003

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, October 7, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:13 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF SEPTEMBER 16, 2003

Action Taken: The Commission approved the minutes of the September 16, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **DPH-Community Health Epidemiology and Disease Control.** Presentation of a Resolution Approving an Agreement with Santa Clara County for Membership in the Bay Area Regional Immunization Registry.

(3.2) **AIDS Office-HIV Health Services** - Request for approval for contract modifications to extend the term for an additional year eight FY 2003-2004 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I, contracts for total of $2,796,023, for the period of March 1, 2004 through February 28, 2005. The two year combined total for the period of March 1, 2003 through February 28, 2005 for these contracts will be $5,592,046 with the following agencies:

Contractor	Modification Amount	Total Two Year Amount
Glide Foundation	$ 93,500	$ 187,000
New Leaf	$ 193,269	$ 386,538
Positive Resource Center	$ 268,815	$ 537,630
Saint Mary's Medical Center.	$ 580,585	$1,161,170
San Francisco Food Bank	$ 92,800	$ 185,600
Tenderloin AIDS Resource Center	$ 566,874	$1,133,748
UCSF-AIDS Health Project	$ 951,880	$1,903,760
Urban Indian Health Board, Inc.	$ 48,300	$ 96,600
Total	**$2,796,023**	**$5,592,046**

Commissioners' Comments

- Commissioner Penn asked how performance issues that may arise over the term of the contract would be brought to the Commission's attention. Jimmy Loyce, AIDS Office Director, said that if any performance problems were identified, staff would inform the Commission either through the Joint Conference Committees or the Budget Committee.

(3.3) **AIDS Office-HIV Prevention** – Request for approval to accept and expend a grant from the Centers for Disease Control and Prevention, in the amount of $393,478, to design and implement a demonstration project to use rapid HIV tests to improve outcome of partner counseling and referral services, for the period of September 15, 2003 through September 14, 2005.

(3.4) **AIDS Office-HIV/AIDS Statistics and Epidemiology** – Request for approval to accept retroactively and expend a three-year grant from the Centers for Disease Control and Prevention, in the amount of $518,646, for a study of HIV risk behavior surveillance among men who have sex with men, for the period of September 30, 2003 through September 29, 2006, and a sole source contract with UCSF Center for AIDS Prevention Studies, in the amount of $291,723 for the same time period.

(3.5) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend a subcontract from Public Health Foundation Enterprises, Inc., in the amount of $74,732, to participate in the HIV Vaccine Trials Network Scholars Program, for the period of September 1, 2003 through August 31, 2004.

(3.6) **CHPP-Health Promotion** – Request approval to accept retroactively and expend a grant from the Centers for Disease Control and Prevention, in the amount of $99,350, for a 12-month project to analyze pedestrian injury patterns and evaluate the effectiveness of countermeasures, for the period of September 1, 2003 through August 31, 20204.

(3.7) **CHPP-Health Promotion** – Request for approval of a contract modification with San Francisco Study Center, Inc., in the amount of $402,707, for the period of October 1, 2003 through June 30, 2005, to provide additional fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for a total contract value of $2,452,256, for the period of July 1, 2001 through June 30, 2005.

(3.8) **CHPP-Health Promotion** – Request for approval of a retroactive contract renewal with Polaris Research and Development, in the amount of $400,000, to provide Black Infant Health Improvement Program services targeting African American parents, for the period of July 1, 2003 through June 30, 2004.

Ginger Smyly provided the Budget Committee with the Black Infant Health Improvement Program's special objectives:

- 80 percent of infants born to mothers enrolled in the prenatal program to be of normal birth weight and being released to the birth mother.

- All parents or extended family caregivers, having participated in at least five parenting classes, shall demonstrate an improved knowledge of child development and age appropriate discipline techniques.

- All fathers enrolled in the male involvement program, having had at least five contacts with a male involvement specialist, shall demonstrate an improved knowledge of parenting and the significance of male involvement in the growth and development of a child.

(3.9) **CHS-AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $171,638, to provide fiscal intermediary services for the FY 2003-04 CHIP Hospital and Physician Program, for the period of November 15, 2003 through March 31, 2005.

(3.10) **CHP-Housing and Urban Health** – Request for approval of a contract modification with San Francisco AIDS Foundation, in the amount of $110,000, to provide residential subsidy services targeting persons with HIV/AIDS, for the period of October 1, 2003 through June 30, 2004, for a total contract value of $565,144.

(3.11) **CHP-Housing and Urban Health** – Request for approval of a contract renewal with Baker Places, Inc., for the Behavioral Health Demonstration Project, in the amount of $397,725, to provide behavioral health services targeting Direct Access to Housing participants, for the period of September 30, 2003 through September 29, 2004.

(3.12) **CHP-Housing and Urban Health** – Request for approval of a retroactive new contract with Chinatown Community Development Center, the lead agency and fiscal agent for the SRO Families Collaborative, in the amount of $100,000, for the period of July 1, 2003 through November 30, 2003.

(3.13) **CBHS-Mental Health** – Request for approval of a retroactive contract modification with Bay Area Bookkeeping, in the amount of $270,000, for fiscal year 2003-04 only, for check-writing fees and payments to State-mandated non-contract hospital providers, for a total amount of $1,195,120 for fiscal year 2003/04, and a total contract amount of $3,970,480 for the period of July 1, 2003 through June 30, 2007.

(3.14) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Mt. St. Joseph-St. Elizabeth's Epiphany Center for Families in Recovery, in the amount of $1,074,666 per year for a total contract value of $4,298,664, to provide residential and outpatient substance abuse services, for the period of July 1, 2003 through June 30, 2007.

(3.15) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Larkin Street Youth Services, in the amount of $313,681, to provide substance abuse prevention services targeting homeless and runaway youth, for the period of July 1, 2003 through June 30, 2004.

(3.16) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $2,014,153, to provide substance abuse treatment services, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments (at Health Commission meeting)

- Commissioner Parker asked that specific outcomes be included in the reports. It would be helpful to provide more detail about the outcomes and how they are measured. Contracts Office staff will work with Commissioner Parker and the Budget Committee chair on this issue.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Umekubo abstained from voting on Item 3.2 and Commissioner Sanchez abstained from voting on Items 3.3 and 3.4.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health presented the Director's Report.

Direct Access to Housing Grant

As the Health Commission may have heard, the Interagency Council on Homelessness (ICH) last week announced an award of $3.5 million to DPH for Direct Access to Housing Program, under the leadership of Marc Trotz. The grant will provide funding for a new 90-unit building that will provide housing and services for chronically homeless individuals. At the same time, the Department of Human Services received a $2.8 million federal grant to create the "Hope House" in the Bayview Hunters Point's only SRO facility – currently known as the Franciscan Motel. Hope House will provide housing and support services to homeless adults with disabilities. Together, these two projects will provide 200 new units of housing linked with support services to help the City meet the needs of its chronically homeless residents. It is especially gratifying to note that the 11 ICH awards – of which San Francisco' received the largest – came about using the Department's Direct Access to Housing as a model.

Friday, Mayor Brown hosted a press conference in City Hall to announce the awards. Philip Mangano, Executive Director of the ICH, flew in specifically to attend the press conference. Mr. Mangano has worked closely with Marc Trotz over the past year to know and understand the Direct Access to Housing philosophy. Channel 2 produced two segments of the press conference for their early and late news shows, KQED radio covered with a special segment for the California Report, and KGO and KCBS radio also covered the event. The Chronicle, Sing Tao Daily and World Journal also reported on the story.

Dr. Katz congratulated Marc Trotz and his staff for their excellent grant writing and for their work that has inspired a new national model of care for the chronically homeless.

Governor Signs SB 2 (Burton-Speier)

On Sunday, October 5th, Governor Davis signed SB 2, which will extend health insurance to an estimated one million working Californians. SB 2, the Burton-Speier "Pay or Play" legislation, requires employers to either provide health insurance coverage for their employees or pay into a State pool that would purchase coverage for those employees. The Pay or Play mandate will become effective on January 1, 2006 for large employers (200 or more employees), who must offer coverage to employees and their dependents. Medium-sized employers (50 to 199 employees) are required to comply by January 1, 2007 and are required to offer coverage to employees only. Employers with between 20 and 49 employees are exempt unless the Legislature later enacts a tax credit, and those with fewer than 20 employees are completely exempt. To be eligible an employee must work at least 100 hours a month and have been employed by the same company for at least three months. Employers are required to cover at least 80 percent of the premium costs, or pay into the State pool. It is expected that the California Chamber of Commerce will pursue a legal challenge related to federal ERISA laws and/or a ballot referendum to repeal the Governor's action.

New Census Data Show High Rates of Uninsured in California

Timely with the news of the Governor's signing of SB 2, last week the U.S. Census Bureau released data on health insurance coverage in the United States. An estimated 43.6 million Americans (15.2 % of the population) are uninsured. This is up from 14.6 % in 2001 and represents an addition of 2.4 million uninsured individuals. The percentage of people covered by employer-sponsored health insurance dropped (from 62.6 % to 61.3 %) and the number of individuals on government-sponsored health insurance (primarily Medicaid) increased (from 25.3 % to 25.7 %).

Though uninsurance rates in California have remained relatively unchanged over the past three years, California continues to rank high compared to other states. According to the report, from 2000 to 2002, an average of 18.7 % of California's 35 million residents lacked health insurance. Over this time period only New Mexico and Texas had higher rates of uninsurance. It is important to note that these data represent only those individuals who had no health care coverage at any time during a one-year period and do not include individuals who may have been uninsured for a portion of the year. County-level data on uninsurance were not released. However, the Health Commission will be kept apprised of additional information as it becomes available.

DPH/Siemens Soarian Implementation Project

This month, DPH will begin implementation of its major Information Technology Initiative with Siemens Corporation for new clinical and financial systems. Phase One of the project, which is fully funded in the Department's base budget, will involve transitioning existing systems at San Francisco General Hospital, Primary Care, Laguna Honda and Jail Health Services to a new generation of software applications known as SOARIAN for Lifetime Clinical Record, Clinical Care Plans, Provider Order Entry, Patient Registration and Scheduling and Pharmacy. In addition, Patient Accounting applications at Laguna Honda will be replaced. Phase Two of the project will convert Patient Accounting applications at San Francisco General Hospital.

Implementation will occur over the next 24 months. A project Steering Committee, co-chaired by Dr. Valerie Ng, SFGH Chief of Staff, and Gregg Sass, Chief Financial Officer, has been convened and involves all key Division Executive Directors. Project Workgroups for Clinical, Financial, Pharmacy and Technology/ Integration are also underway.

Project status and Committee progress reports will be available as work proceeds in the next few months. During this period, Siemens consultants will also conduct a "gap" analysis to evaluate the potential for SOARIAN to replace financial systems in behavioral health.

SFDPH Laboratory Honored

DPH's Public Health Laboratory is honored to have been chosen to host an Emerging Infectious Diseases (EID) Fellow for one year. This program, co-sponsored by the Association of Public Health Laboratories and the Centers for Disease Control and Prevention, sponsors post-baccalaureate laboratorians to work in public health to gain an understanding of public health laboratory practice and promote careers in public health labs. Fellow Ann Mintie, has been chosen to perform her fellowship at DPH's public health lab (the only local level lab selected among the 42 fellows). In addition to laboratory operation, it is hoped to introduce Ann to many of the other agencies within DPH.

Larry Funk: Fellow in the American College of Healthcare Executives

Dr. Katz congratulated Larry Funk, Executive Administrator of Laguna Honda Hospital, who has achieved the status of Fellow in the American College of Healthcare Executives. The American College of Healthcare Executives (ACHE), organized in 1933, is a professional society dedicated to ensuring competence and leadership among healthcare executives. ACHE Fellows are healthcare leaders who have demonstrated their professional growth and competence in the field.

Community Behavioral Health Services Staff Honored

Each year, Support for Families of Children with Disabilities honors professionals who demonstrate an understanding of children with disabilities and their families. This year the families, board and staff have selected two members of Community Behavioral Health Services Management team. Sai-Ling Chan-Sew, Director of Child, Youth, and Family System of Care, is being honored for her passion for improving family-centered services to children, youth, and families affected by mental health issues, a sensitivity to the cultural and language barriers facing many families in San Francisco, and a talent for collaboration with diverse groups. Twila Brown, Director of Children's Medical Services, is being honored for combining the compassion of a public health nurse with the spirit of a crusader for children and youth with special health care needs.

"Working in Recovery: Ethical and Personal Challenges Facing the Treatment Workforce" Conference

On November 19th, DPH and the Practice Improvement Collaborative will present a day-long conference entitled *"Working in Recovery: Ethical and Personal Challenges Facing the Treatment Workforce."* This conference was inspired by substance abuse provider requests for information on implementing strategies to improve work environments for staff, specifically those in recovery. The conference agenda will include research and treatment experts who will: share information on the legal and ethical principles for working with substance abuse and mental health clients; discuss methods for setting limits and observing boundaries when working with clients; share workforce adjustment guidelines for making the transition from client to counselor; and disseminate strategies for staff threatened by relapse and experiencing loss. Conference admission is free, but *pre-registration is required.* For registration information contact Sharon Bowen at 916-608-8686 or **sb@eventswebpage.com.**

Thanks to Laguna Honda from CMS

Dr. Straube, Chief Medical Officer (CMO) for the Centers for Medicare and Medicaid Services (CMS) Region IX, thanked Laguna Honda Hospital staff for hosting the CMS program last month. The program demonstrated how DPH is meeting the challenges of caring for a diverse safety net population and showed DPH's commitment to long-term care. The presentations in housing by Marc Trotz and waivers by Mauro Hernandez of the Department of Aging highlighted several policy implications of DPH programs. CMS staff promised to address immediately some of the smaller issues raised. For other more difficult issues CMS expressed interest in partnering with DPH to explore solutions and possible demonstration projects.

Health Care Tour Continues

Dr. Katz completed five sessions at Silver Avenue Health Center yesterday. Staff was very warm and welcoming to him, which he appreciated. Dr. Katz was very pleased with the quality of the care provided at the Center. As the Commission is aware, Silver Avenue is planning a renovation in order to increase the number of exam rooms. Currently there are too few rooms to allow for maximal clinical efficiency.

Commissioners' Comments

- Commissioner Chow welcomed back Dr. Katz from his brief medical leave and, on behalf of the Health Commission, wished him a speedy recovery.

5) PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

Gene O'Connell, Executive Administrator, SFGHMC, presented the update.

Background –The passage of SB 1953 mandated that all California hospitals meet a higher level of seismic safety than ever before required, and SFGH did not meet this standard. The mandate is clear: close all acute care hospital services on the Potrero Campus by 2008 or rebuild the hospital by 2013.

Ms. O'Connell summarized the planning process to date:

Phase I – seven-week exploratory period during which a Committee was formed to develop a plan to meet the SB 1953 mandate. The Committee concluded that more work was needed.

Phase II – Long Range Service Delivery Plan. Explored strategic goals for the medical center; hired The Lewin Group; formed two advisory committees. Several recommendations were developed, including moving more ambulatory care into community clinics, expanding trauma services at SFGH, and exploring joint mother's and children's services with UCSF. The LRSDP also recommended that SFGH should explore co-location with UCSF at Mission Bay.

Phase III – Institutional Master Plan. Began in 2002. The master planning process has incorporated comments and advice from a number of groups, including focus groups, community groups, the IMP Steering Committee and the Community Advisory Committee. They met with neighbors, consumers and citywide groups. Programmatic projections were refined.

Then developed multiple scenarios where services could be re-combined at different locations, including co-location schemes.

Over the summer of 2003, both DPH and UCSF met with the consultants to discuss the possibility of planning replacement hospitals together at one site. The result of the planning was that UCSF did not think it was feasible to pursue co-location, primarily because of a negative financial impact and the UCSF rebuild timetable is different than SFGH. Medical staff and others strongly felt that even absent co-location with UCSF, Mission Bay South should be considered as a stand-alone option for SFGH.

The 41 scenarios were reduced to two concepts: rebuild SFGH at the Potrero Campus; rebuild SFGH at Mission Bay South.

Dr. George Tingwald, Consultant with the SOM/Tsang team, reviewed the two concepts in detail, providing information about workflow and timelines. He also reviewed the cost estimates. Total project estimate for Potrero is $1.418 billion. Total project estimate for Mission Bay is $1.697 billion.

Dr. Tingwald gave the consultants' recommendation. While both concepts achieve the programmatic goals for the medical center, the consultant recommendation is to rebuild at Potrero:

- Realistic sequence of development
- Well-conceived plan despite constraints
- Continues excellence as an academic medical center-research space
- Responsible use of resources
- City owns the property
- Zoned for healthcare already

Gene O'Connell presented the Steering Committee recommendation, which is to rebuild at Mission Bay:

- Undeveloped site provides for an optimal medical center design
- Clear options for future modernization
- No disruption to current hospital operations
- Directly adjacent to UC Mission Bay research nucleus
- Future hospital co-location kept open

Ms. O'Connell also summarized the community feedback that has been received.

In closing, Ms. O'Connell said the cost for both proposals is high, and neither can be funded solely by a general obligation bond. Alternate sources of funding must be identified for this endeavor. Both concepts optimally require commitment by UCSF to develop research space. Further refinements in the master plan concept will need to incorporate community concerns, fiscal realities and Commission direction.

Commissioners' Clarifying Questions

- Commissioner Parker asked what would happen to the red brick buildings if the hospital were rebuilt at Mission Bay. Ms. O'Connell replied that the use of the entire campus would be a separate discussion and decision-making process.

- Commissioner Penn asked what is the likelihood of costs going beyond the current estimates. Ms. O'Connell said the cost estimates are an educated guess. He asked if Gladstone is moving to Mission Bay and Ms. O'Connell said yes.

- Commissioner Sanchez, regarding Mission Bay option, thought that this site was to be developed for biotech research. The community expected this, and anticipated additional housing and economic development. Will this be revisited? Dr. Katz replied that this issue is as yet unresolved. The site is part of the Mission Bay redevelopment site and is currently privately owned. In addition, if non-profit, tax-exempt hospital is built, the tax increment is lost. Currently, with the economic downturn, there are no businesses prepared to locate on the site.

- Commissioner Parker is unclear what the additional benefit to our patients will occur with either of the locations. Ms. O'Connell replied that the assumption was that the same quality and quantity of services would be delivered, with some ability to expand. Dr. Tingwald added that consultants did

extensive work about level of service. Important aspect: an increased number of beds have been developed, for reasons such as meeting current national standards. Commissioner Parker asked if the consultants primarily used national or local data. Dr. Tingwald said they used both. Dr. Katz added that the reason that they stepped away from the number of beds at this time is that the number of rooms does not directly impact the next level of decisions the Commission has to make.

Public Comment

- Loretta Lynch, Public Utilities Commission, stated that some key facts have been glossed over in this proposal. SFGH/UCSF co-location should be considered at the highest political level. This option is cheaper and a better use of facilities. Land cost estimates are over inflated for Mission Bay, and under inflated for Potrero.

- Valerie Ng, M.D., Chief of the Medical Staff at SFGH, read a statement on behalf of the SFGH Medical Executive Committee (Attachment A).

- Dean Sheppard, M.D., ICU physician at SFGH, said SFGH is the premiere public hospital in the United States. The Health Commission can make the forward looking choice and rebuild at Mission Bay or rebuild at the current site which will lead to progressive erosion to a facility more similar to Highland Hospital. Commissioner Chow asked if UCSF has committed space for SFGH researchers at the Mission Bay Campus. Dr. Sheppard said UCSF has committed to build new research labs there, and have already allocated some space to SFGH faculty.

- Andy Bindman, M.D., said it is critical to rebuild SFGH as a world-class public hospital in close partnership with UCSF. The Mission Bay option provides the most obvious way for the City and UCSF to continue this partnership.

- Geoff Manley, M.D., SFGH neurotrauma, is concerned that if we don't co-locate clinical with research, then the high quality level of trauma care that comes from having the lab space directly adjacent to the hospital research will be lost.

- Courtney Broaddhus, M.D., said most SFGH medical staff is a hybrid of research and practice. The research facilities are what attract the high-quality physicians. Rebuilding the hospital at Mission Bay will ensure that this continues.

- Jackie Maher, M.D., member of UCSF faculty who both performs research and provides patient care. Her research has the capacity to directly benefit the patients she serves. She urged the Health Commission to consider how rebuilding on the Potrero campus will negatively impact patient care. Relocating SFGH to Mission Bay is the most obvious choice.

- Sue Carlisle, M.D., Interim Associate Dean at UCSF, stated that the doctors at SFGH work there because they are committed to providing the highest level of care. The disruption of the rebuild on the Potrero campus would hamper their ability to recruit the same level of physician. There needs to be a visionary approach for the rebuild.

- Jim Beals is very concerned about taking people's homes, particularly when there are other alternatives. As a recipient of services and neighborhood resident, he supports relocating to Mission Bay.

- Sako Hara, said the choice seems so clear. Rebuilding at Potrero will be so disruptive to the neighborhood, and the medical staff is so committed to rebuilding at Mission Bay. Why are there even two options? The cost difference is only four percent.

- Cathy Ramacciotti, neighbor of SFGH, president of East Mission Improvement Association and member of the Rebuild Steering Committee. The Health Commission has no idea how rebuilding at the current site will impact the neighborhood. And she cannot believe that 11 of her neighbors have the threat of losing their homes. Please understand the perspective of the people who live there. She encourages the move to Mission Bay.

- Liz Killian, neighborhood resident and member of East Mission Improvement Association supports rebuilding at Mission Bay, which presents the opportunity to build a hospital from the ground up. There is no room at Potrero for future expansion. Helicopters would have to fly over homes. The additional parking would mean more congestion and more pedestrian safety problems.

- Blake Weston, owner of one of the 11 homes that would be demolished if the hospital is rebuilt at the Potrero Campus. He supports rebuilding at Mission Bay. This relocation decision is too important to have one of the factors be different SB 1953 timelines. Residents would be extremely impacted by noise and crash potential of helicopters. He is not leaving his home quietly.

- Christopher Sabre, neighborhood resident, said it makes sense to have the helipad at Mission Bay. He said that they are not kept informed about the meetings that are going on at SFGH. They need to be involved and informed. The people in the 11 homes were not notified about the intention to take their homes, but only found from other neighbors.

- Warner Cabreros, owner of one of the 11 homes that is planned to be taken. He and his wife support having the best health care for San Franciscans but are afraid that they will be disenfranchised from their first home. He is horrified that he might be relocated against his will. Please consider the 11 homes in your decision.

- Robert Lhota, owner of one of the 11 homes that might be taken, reiterated that the hospital never informed them that they might lose their homes.

- Joseph Alvarado, one of the 11 homeowners who might lose their homes. There is a lot more support and energy behind rebuilding at Mission Bay, and this should be considered as the only plan. This would leave a legacy for the city. The group will fight for their homes; the Commission should fight for the best site.

- Josie Mooney, SEIU 790and president of the Central Labor Council. Physicians and neighbors make a number of good points. She formally requested that the Health Commission not hold such important discussions on election day. A bond measure is extremely difficult to pass. We should be able to have a world-class hospital at either site. She doesn't accept the premise that there is either a first class hospital or a community hospital. There are significant care issues associated with moving to Mission Bay. Also reminded that the cost difference is $400 million. She urged the Commission to have more meetings that are better publicized.

- Lucy Johns, community member of the SFGH Rebuild Steering Committee and the Combined Advisory Committee. As a resident and voter, she sees simultaneous construction of two $1 billion hospitals less than two miles apart as intolerable. More integration is better than none, particularly with regard to obstetrics and pediatrics. She urged the Health Commission to reconvene the talks

with UCSF at the highest level. Her second concern is that the number of beds drives construction estimates. There are too many beds planned, and this needs to be discussed further.

- Rae Ann Emory, member of the SFGH Rebuild Steering Committee, said the neighborhood supports community health and the trauma center. But this plan is unreasonable for the neighborhood. It is unacceptable to have the choice for 11 homeowners to either have their homes taken or live in an intolerable environment. The plan needs to take the neighborhood into consideration, as they did with the Mental Health Rehabilitation Facility. There are more than two options, and staff could come back with a more reasonable proposal for the Potrero Campus.

- Michele Schoal, hospital neighbor, said this process seems so rushed. It makes more sense to look at the citywide healthcare needs and plan comprehensively, rather than planning haphazardly because of a deadline. Voters are not going to pay for something that doesn't make sense for the future. The real seismic threats on the campus are the red brick buildings, and these are not addressed in the proposals. They have not been successful in getting information about the helipad planning process.

- Cheryl Cox, Potrero Hill resident, said that the increased traffic, noise and dirt would be intolerable. Neighborhood outreach has been atrocious. And extremely concerned about tearing down 11 houses. She is pleased that the medical staff is so supportive of Mission Bay.

- Judith Berkowitz, CSFN and East Mission Improvement Association, said the reports should be clear that, with regard to the 11 houses, this is demolition by eminent domain. There should be more discussions about co-location. The Health Commission should explore extending the deadline for rebuild to coincide with UCSF's deadline. She would like further discussion about what would happen about the land at Potrero if hospital was relocated to Mission Bay.

- Al Lopez, Mission District resident, former UCSF employee and member of the East Mission Improvement Association. The partnership between UCSF and DPH is critical, and the partnership should continue at Mission Bay. He is distressed that 11 homes might be destroyed. The City should urge Catellus to donate the land to the hospital.

- Keith Goldstein said he cannot believe that with all the neighborhood concerns and the overwhelming support by the medical staff for a hospital at Mission Bay that there are even to options. The only choice is to rebuild at Mission Bay.

Dr. Katz supplied additional information to the Commission. With regard to the 11 homes, the plan says that the Potrero options could occur with or without taking the 11 homes. Staff is still in early discussion with the people who live in the homes and the Department of Real Estate. San Francisco has always viewed eminent domain negatively. Relocation could be achieved via negotiation. He agreed that the homeowners have received inadequate notification. If the project continued and the homes stayed where they are, mitigation measures would be required. Staff will provide additional analysis and information to the Commission about the number of beds and the additional parking.

Dr. Katz said that the Potrero site is not an ideal site to build a new hospital. It is true that the building that is being torn down is the most seismically safe lab space. However this is the only option. Further, the hospital is in the middle of a residential neighborhood. The monetary value of the current Potrero site is diminished by the current buildings, particularly the red brick buildings.

The majority of land that we would need to obtain for Mission Bay is owned by Catellus. They have a responsibility to their shareholders and need to get a fair price for their property.

With regard to co-location, Dr. Katz said the Health Department is very enthusiastic about co-location. The problem is not more study. To co-locate, both sides need to want this. SFGH cannot collocate with UCSF if UCSF Medical Center does not want to co-locate. DPH met with them over a series of meetings and UCSF concluded that it was not productive to continue discussions. But things may change given that there is a new University Dean. Without UCSF's commitment DPH cannot proceed with co-location.

Finally, Dr. Katz reminded the Commission that neither of these alternatives is financially viable. DPH must continue to refine and modify the plans and pursue other funding streams.

Commissioners' Comments

- Commissioner Chow reminded the public and the Commission that this issue will be carried over to the October 21st meeting. At the moment the issue is where to find financing. It is clear that the cost of rebuilding is astronomical, and he is not sure if the sponsors of SB 1953 anticipated this high a financial impact.

- Commissioner Monfredini asked Dr. Katz to explain to the public why DPH cannot coordinate its plans with other hospitals in San Francisco. Dr. Katz said one factor is an antitrust law that prohibits discussions by hospitals about the provision of medical care. However, there is nothing to preclude a public planning process. He also pointed out that DPH's need to rebuild is earlier than most of the other hospitals, which have the 2030 deadline.

- Commissioner Chow said that the "sticker shock" that will be experienced when people see the cost estimates will both cause other alternatives to be reexamined and also perhaps the legislature to reexamine the intent of SB 1953 and the cost for hospitals throughout the state to meet this mandate.

- Commissioner Monfredini said that, while we should do everything we can to protect our resources from natural disasters; there might be other ways to address safety issues. Carlos Villalva will re-look at the cost of retrofitting the current building.

- Commissioner Chow said the Commission must continue to raise the concept to the Legislature that, even though UCSF and DPH have different timelines, both entities should get an extension to allow for coordinated planning and co-location. We need to continue to fight for a preeminent medical center in San Francisco for the next century.

- Commissioner Guy said that the next steps must be clear at the next meeting so that the public, staff and other stakeholders are aware of the direction. The Health Commission appreciates that the UC partners are clearly stating where they are at, even if it is not quite where we want them to be. This is not the end of the discussion. While 1.8 miles might not be a large distance, the perception might be that it is. DPH needs to re-look at the original cost of retrofitting. The Health Commission is committed to looking at all options and hearing all perspectives. The role of tertiary care is changing, the Commission has been committed to moving people into more community-based care. She takes seriously the comments that there is not enough outreach. The Health Commission needs to coalesce its opinion in a resolution so that staff, the public, the Board of Supervisors and all other stakeholders are clear about where the Health Commission is going.

- Commissioner Sanchez said that there was initial dialogue with UCSF, but unfortunately not on UC's radar screen at that time. But with the new UC president and the new dean, this is a new opportunity. He thanked the speakers for emphasizing the need to think broadly. He said that UC

and SFGH have a long-standing relationship. SFGH is a hospital of excellence. The two entities are totally interrelated.

- Commissioner Chow asked for additional information about where the 3rd Street light rail would go vis-à-vis the Mission Bay site. Access via public transportation is critical for the hospital's patients. This information will be provided prior to the next meeting.

- Commissioner Umekubo said the discussion has raised a number of questions about the future direction, and he does not feel like he has enough answers to make a decision. There has never been discussion about displacing residents, and now it's part of the plan. And he does not want to get into a situation where we need to again build a new hospital 30 years from now. The cost of the proposals has increased dramatically. He remembers when there was a $400 million option. Dr. Katz said that the $400 million alternative should not be reconsidered because it was not a viable option because it did not meet the needs of the city and had tremendous negative neighborhood impacts.

- Commissioner Penn said that as we develop our plan for moving forward, we must clearly express what we value: SFGH as a premier medical center and a community hospital. Any vision for the future must include both: we are committed to incorporating community input as we move forward and we need to ask the community how they would like to be involved. Also helpful to look at traffic impact in terms of access to the Mission Bay site given that the ballpark is so close. He has a lot of respect for the work that has been done by staff and the consultants.

- Commissioner Monfredini thanked the Steering Committee, staff and Gene O'Connell for running an excellent medical center and took over the planning process. And John Kanaley, who has done an extraordinary job overseeing what is best for SFGH and its family. The Commission and staff are committed to community outreach, and the rebuild team has tried to do a good job. But clearly it has not been enough and it would be helpful to hear from the community how they want to be involved.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 6:27 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Community
Health Network
of San Francisco

San Francisco
Department of Public Health
San Francisco General Hospital

Valerie Ng, PhD, MD
Chief of Staff

September 8, 2003

To: Gene O'Connell, CEO
Chair, SFGH Rebuild Steering Committee

From: Valerie Ng, PhD MD
Chief of Staff, SFGH

Re: SFGH Medical Executive committee preference for SFGH Rebuild at Mission Bay (Concept C)

San Francisco General Hospital is a thriving vibrant UCSF-affiliated academic medical center, arguably one of the nation's best public hospitals. There are many reasons for this success – outstanding leadership, tremendous support from the community, a superb and dedicated staff and the strong academic affiliation with UCSF. We believe the long-term success of SFGH depends on it remaining an academic medical center.

The benefits of the academic affiliation include:

- Successful recruitment of world class physicians;
- Cutting edge science on the campus that facilitates translation to "state of the art" medical care;
- Representation of all major subspecialties and the provision of comprehensive care, resulting in nationally recognized Centers of Excellence, for example
  - HIV care
  - Trauma

The SFGH rebuild committee is considering two SFGH rebuild options – rebuild at Potrero (Concept A) or move the entire operations to Mission Bay (Concept C).

The SFGH Medical Executive committee has discussed these rebuild options. The key decision is whether the future SFGH will be as an academic medical center – as we know it today – or a community hospital. We believe that weakening the academic affiliation with UCSF will cause a dramatic erosion in the size and quality of the staff and faculty and ultimately reduce the quality of care that we offer to our patients. Consequently, we strongly favor a decision to rebuild that retains and enhances SFGH as an academic medical center.

If the long-term goal is for SFGH to cease to function as an academic medical center and to become a community hospital (similar to Highland Hospital), then either rebuild option is acceptable – Concept A would likely be preferred for logistical reasons.

If the long-term goal is for SFGH to remain a premier academic medical center, the SFGH Medical Executive committee endorses rebuilding at Mission Bay (Concept C) as the only truly viable option. Some of our reasons for taking this position include:

- Mission Bay will become one of the country's leading biomedical communities;
- The Mission Bay site assures us that there will be a "critical mass" of physicians and scientists – an element essential for the success of an academic medical center;

- Only at the Mission Bay location and the proximity with cutting edge research will we be assured of recruiting and retaining quality physician and scientists,
- Only a Mission Bay location will provide the ease and convenience of "crossing the street" to fulfill one's clinical duties while, at the same time, being able to maintain a robust research program.

While we acknowledge that the plans have allowed for potential UCSF-funded research space in the Potrero rebuild, it is clear to us that UCSF – preoccupied with building the new campus at Mission Bay – will be reluctant to invest in a parallel research infrastructure at the new Potrero-based SFGH. Leaders at UCSF have already indicated that there is little enthusiasm or support for this option.

Further, we acknowledge that a new SFGH at Mission Bay does not guarantee research space at the Mission Bay campus for our SFGH-based physician-scientists. However, we believe strongly that this location is our only hope for the continued existence as an academic medical center. At a minimum, our very presence at Mission Bay will facilitate our voices being heard. This location will also encourage physician-scientists working at UCSF to become more involved with SFGH and further enhance the programs of SFGH.

In contrast, if SFGH rebuilds at the current Potrero site and UCSF builds another hospital adjacent to Mission Bay, the chances of SFGH faculty successfully competing for research space at Mission Bay or significantly influencing program development there would be greatly diminished.

We advocate strongly for an academic SFGH of the future. We urge the committee to rank Concept C – rebuild at Mission Bay - as the preferred option.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

Agenda

PUBLIC NOTICE

DOCUMENTS DEPT

OCT 16 2003

SAN FRANCISCO
PUBLIC LIBRARY

SPECIAL HEALTH COMMISSION MEETING

10-16-03A08:50 RCVD

Tuesday, October 21, 2003
1:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

CONSIDERATION OF SUPERVISOR CHRIS DALY'S PROPOSED CHARTER AMENDMENT REGARDING THE DEPARTMENT OF PUBLIC HEALTH AND OF A RESOLUTION REGARDING THE CHARTER AMENDMENT

(Posted October 9, 2003)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

SPECIAL HEALTH COMMISSION MEETING

Tuesday, October 21, 2003
at
1:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

PUBLIC COMMENTS WILL BE TAKEN FOR THIS AGENDA ITEM.

1) **CALL TO ORDER**

2) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF SUPERVISOR CHRIS DALY'S PROPOSED CHARTER AMENDMENT REGARDING THE DEPARTMENT OF PUBLIC HEALTH AND CONSIDERATION OF A RESOLUTION REGARDING THE CHARTER AMENDMENT**
(Supervisor Chris Daly, San Francisco Board of Supervisors)
**Proposed Charter Amendment, Resolution*

3) **PUBLIC COMMENTS****

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

4) ADJOURNMENT

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, October 21, 2003
at
1:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

NOV - 3 2003

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 1:40 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D. – arrived at 2:45 p.m.
Commissioner John I. Umekubo, M.D.

2) CONSIDERATION OF SUPERVISOR CHRIS DALY'S PROPOSED CHARTER AMENDMENT REGARDING THE DEPARTMENT OF PUBLIC HEALTH AND CONSIDERATION OF A RESOLUTION REGARDING THE CHARTER AMENDMENT

Supervisor Daly provided the Health Commission with an overview of his proposed charter amendment. During last year's budget, Supervisor Daly's priority was health, and he made a commitment to doing fixing the structural problems in the budget.

The proposed Charter Amendment is an attempt to level the playing field for the Health Department. The amendment would do many things, including establish a baseline for funding

of approximately $300 million and give the Health Commission and Department more autonomy.

Supervisor Daly said he concurs with the Health Commission to eliminate designated seats for the Health Commission.

Supervisor Daly said the Charter Amendment specifically mentions San Francisco General Hospital, Laguna Honda Hospital and the community clinics, and states that they would continue to operate. The process for closing a community clinic would be similar to the process used for closing a district police station.

With regard to mental health and substance abuse services, Supervisor Daly said that at one point he was in favor of setting mandates for waiting lists, but he is now offering language that the Department sets goals for wait lists for specific modalities.

The Charter makes specific mention of the Mental Health Rehabilitation Facility (MHRF). The type of services provided at the MHRF could be changed by going through the Health Commission and the Board of Supervisors.

With regard to community clinics, Supervisor Daly's intent is to have DPH continue to provide the type of care through the clinics that it is currently provided.

Supervisor Daly said he wanted to include homeless funding in the DPH baseline because he fears that these funds could be cut from other departments. He is currently working on removing some of the housing money from the baseline, for example redevelopment money. Other programs, such as shelter services, should come under the health baseline, and can be work ordered to departments such as DHS.

Supervisor Guy asked Supervisor Daly what the next steps are in the approval process, given that there is such a quick turn around time for the proposed Charter Amendment. Supervisor Daly replied that it is scheduled for the Rules Committee on October 27. There is the opportunity for two Rules Committee meetings before it goes to the Board for consideration on the March ballot. Supervisor Daly said that it is on the fast track because he is concerned about what will happen during the next budget cycle.

Commissioner Chow asked Deputy City Attorney Aleeta Van Runkle for more information about the timeline and what changes can occur at the Board of Supervisors. Ms. Van Runkle's understanding is that the Board has one opportunity to amend the legislation, which is at the October 27 Rules Committee meeting, then the legislation moves forward to a second Rules Committee meeting on November 3. There is a very tight timeframe, and only one opportunity to amend the legislation. Both the vote at the November 3rd Rules Committee meeting and the November 18th Board of Supervisors meeting are up or down votes.

Public Comment

- Ed Kinchley, SEIU 790, takes offense at the term special interest in the resolution. He thanked Supervisor Daly's office for helping the Health Department be what it is today. Local 790 has not had sufficient opportunity to have a process, and in principle is not in favor of set asides; however, other departments have them. They will continue to be in dialogue with Supervisor

Daly's office, on things such as whether it should state that it is within the authority of DPH to eliminate health clinics and adequate staffing.

- Debbi Lerman, San Francisco Human Services Network, their steering committee is still meeting and has not taken a position, but want to express appreciation to Supervisor Chris Daly in this attempt to protect health services in this city. They are still discussing concerns: doesn't necessarily protect community-based organizations, which are an essential part of the city's health services; second, there are a lot of important safety net services in other departments that may be squeezed out when the baseline is put in place.

- Brian Green, the conservator of his sister, who is currently at the MHRF. How will the timing work if the MHRF is included in the Charter Amendment given the work of the blue ribbon committee?

- John Kozinsky, Local 250 Healthcare Workers Union, doesn't think unions should be labeled a special interest group. He thanked Supervisor Daly for his leadership. He does have reservations at this point, the Supervisor's office has been very receptive, and hopes to have continued dialogue.

- Dick Hodgson, Community Clinic Consortium, is very excited about stabilizing the health care safety net in San Francisco. This is the opportunity to strengthen the partnership between community health centers and DPH. They will be finalizing their position tomorrow and will forward this to Supervisor Daly. Support it in concept and hope it will go forward.

- Bill Barnes, staff to Supervisor Daly, said that, with regard to safety net services in other departments, the State mandates certain of these programs, so they are protected this way. The measure does not prohibit future discussions about the MHRF. What it requires is transparency in these decisions.

Dr. Katz said that overall the legislation would be a great help to the department. The thrust is good for the Department of Health, but there is a question about whether it is good for the rest of the city. It strengthens the role of the Commission and gives the department much greater predictability. Also provides the incentive to achieve savings because the savings can be retained.

Commissioners' Comments

- Commissioner Guy and Commissioner Chow thanked Supervisor Daly for the work he did during last year's budget on behalf of health and the Health Department.

- Commissioner Chow asked for clarification that Supervisor Daly is looking at removing non-health focused homeless programs. Mr. Barnes replied that homelessness is an important health issues because people who are homeless have higher mortality and lower health outcomes, and Supervisor Daly believes that programs such as hospice care, respite care, licensed care facilities and Direct Access to Housing stay in the Health Department. The next draft of the Charter Amendment will clarify what programs will be part of the baseline.

- Commissioner Guy said the Charter Amendment comes from a genuine attempt to protect the baseline budget. She is happy to hear that there is going to be further discussion about which homeless services will be part of the baseline.

- Commissioner Chow clarified that the language about community clinics is to support what is currently done, encompassing both the DPH health centers and the non-profit clinics. Commissioner Chow clarified the intent of the resolution language about special interests on the Health Commission. As always, the Commissioners should consider the good of the whole, rather than representing any one group. Commissioner Chow is concerned with the language that all Commissioners must have knowledge of government, finance or labor relations. Mr. Barnes replied that Supervisor Daly is committed to more consumer involvement, even though this may not be accomplished through slots.

- Commissioner Monfredini does not want designated Commission seats because there needs to be flexibility to address different priorities and, again, Commissioners must always keep the good of the whole at the forefront.

- Commissioner Guy added that history has shown that bodies that have slots narrow their perspective.

- Commissioner Parker suggested increasing the number of Commissioners, primarily because the workload of the Commission is going to dramatically increase and Commissioners are part time. And having a Commissioner from each district will make the public feel that they have more of a connection to the Health Commission. Mr. Barnes stated that in the proposed Charter Amendment, the Mayor retains the Commission appointments, and he or she represents the entire city. Supervisor Daly had considered increasing the size, but decided that the current size would best allow a continuation of the sense of camaraderie that has existed on the Commission; this could not happen if there were more members.

- Commissioner Umekubo feels that that the specified slots pigeonhole the Commission and would not provide flexibility to meet emerging issues.

- Commissioner Penn said increasing the size of the Commission deserves further consideration. A lot of the work gets done in the joint conference committees, and Commissioners are only part time.

- Commissioner Monfredini, regarding a larger Commission, is concerned that it would be difficult to get a quorum with 11 members, and believes it is easier to make decisions at seven than at 11.

- Commissioner Chow added that there has been past discussion about the Commission size, and he feels that seven is a workable, effective number.

- Commissioner Guy is concerned about forensics. Every year, although the Health Commission tells the Board what level of funding is needed to adequately fund this service, the Department does not get adequate funding. She does not want this deficit built into the baseline. Mr. Barnes replied that the Commission would have more autonomy to create a budget and prioritize services. Further, the ability for the Department to retain its revenue will allow the Department to meet its needs.

- Commissioner Penn said the manner in which mental health programs and goals are laid out in the Charter Amendment in detail, but AIDS and cancer are mentioned but not specified, is rather arbitrary. He feels that more specific language should be included in the Charter Amendment.

- Commissioner Parker said the availability of funds is what drives new services; if there is no money, there are no services, and if there is a pot of money available for a dedicated service, then that is what gets funding. It frustrates the Commission when they say their hands are tied about what programs they can and cannot fund.

- Commissioner Sanchez said this is a unique approach to supporting public health. We need resources for comprehensive departments of public health. His question is what baseline would allow the Health Commission to meet its mandates? This has never been evaluated or discussed. Also, the Charter Amendment focuses on diseases that are on the radar screen now, but he is concerned that it might limit our ability to address other diseases and public health issues that might arise. Will this new model move us to the next level? If this is the first step, then let's do it and have more discussion and dialogue as it goes through the approval process. There needs to be much more dialogue about what the overall impact would be.

- Commissioner Guy commented that it would have been preferable to have had more time to review this proposal. A Charter Amendment is not a small thing and, because the devil is in the details, there should have been more discussion about all the details. Charters are principles, not operation manuals. In addition to the diseases identified in the Charter, there are other important health issues as well—health disparities, cardiovascular disease, etc. Commissioner Guy applauds Supervisor Daly's commitment to transparency.

- Commissioner Chow added that the Charter must be realistic, and he is pleased that Supervisor Daly is willing to change mandates to goals.

Action Taken: The Health Commission unanimously approved Resolution # 16-03, "Supporting Increased Autonomy and Fiscal Authority for the Health Commission and Department of Public Health, Supporting the Concept of Stable, Predictable and Adequate Funding for Health Services, and Urging Modifications and Enhancements to the Proposed Health Department Charter Amendment," (Attachment A).

3) PUBLIC COMMENTS

None.

4) ADJOURNMENT

The Special Meeting was adjourned at 3:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-03

SUPPORTING INCREASED AUTONOMY AND FISCAL AUTHORITY FOR THE HEALTH COMMISSION AND DEPARTMENT OF PUBLIC HEALTH, SUPPORTING THE CONCEPT OF STABLE, PREDICTABLE AND ADEQUATE FUNDING FOR HEALTH SERVICES, AND URGING MODIFICATIONS AND ENHANCEMENTS TO THE PROPOSED HEALTH DEPARTMENT CHARTER AMENDMENT

WHEREAS, Supervisor Chris Daly has proposed a Charter Amendment regarding the Department of Public Health; and,

WHEREAS, the proposed Charter Amendment increases the autonomy and fiscal authority of the Health Commission; establishes stable baseline funding for the Department of Public Health; streamlines administration and contracting; ensures the continued operation of county hospitals, clinics and programs for the chronically ill; designates universal healthcare as a top goal; coordinates trauma care; centralizes funding for housing and urban health services; affirms the City's commitment to environmental justice and health and the continued viability of the Environmental Health section; guarantees culturally competent care through community-based clinics, ensures the continued operation of services and care provided by the Mental Health Rehabilitation Facility and reduces wait times for behavioral health services; creates a goal of pay equity between non-profit contract employees and Department workers performing similar work; and requires a biennial independent audit of Department operations by an outside auditor; and,

WHEREAS, the Health Commission applauds the goal of the Charter Amendment to increase authority and autonomy of the Department of Health and the Health Commission and to ensure the continued provision of high-quality health services and programs; and,

WHEREAS, the Health Commission applauds the concept of further broadening representation on the Health Commission, but is concerned that having designated seats will result in appointees representing specific sectors rather than working on behalf of the entire Health Department; and,

WHEREAS, the Health Commission supports a predictable, stable and adequate base of funding for the Health Department, and wants to ensure that this base includes adequate funding for services that in the past have been under funded, such as forensics; and,

WHEREAS, the Health Commission is proud of the Department's extensive and successful services to the medically needy homeless population; however, the provision of the entire array of City services to homeless individuals exceeds the Health Department's expertise; and,

WHEREAS, the Health Commission strongly supports prevention, and one of the goals in the Health Department Strategic Plan is that disease and injury are prevented; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-03 (Cont'd.)

WHEREAS, the Health Commission supports universal healthcare, treatment on demand and culturally competent services and has previously adopted resolutions supporting and advancing these policies, and believes that these efforts should continue to be priorities for the Health Department; and,

WHEREAS, the Charter should include goals for methadone maintenance, outpatient substance abuse treatment and substance abuse detoxification programs, rather than mandate wait times that might not be able to be achieved in a given year given economic consideration and competing priorities; and.,

WHEREAS, the Health Commission supports streamlining administration and the contracting process; now, therefore, be it

RESOLVED, that the Health Commission supports the concept of stable, predictable and adequate funding for the Health Department, including retaining earnings from its enterprises, and the base budget should be sufficient to adequately cover all health services; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to amend the Charter Amendment so fewer of the Commission seats are designated for specific interest groups and the community's interests are placed above special interests; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to reexamine the efficacy of centralizing all housing and urban health programs, including oversight and approval of such programs, even those that are not targeted toward the medically needy, in the Health Department; and, be it

FURTHER RESOLVED, that the Health Commission believes the Charter Amendment should also include an emphasis on prevention services as a priority; and, be it

FURTHER RESOLVED, that universal healthcare and treatment on demand and culturally competent services should continue to be Health Department priorities, but the Charter Amendment should include goals rather than mandates for implementing these policies; and, be it

FURTHER RESOLVED, that the Health Commission supports streamlining administration and the contracting process.

I hereby certify that the San Francisco Health Commission at its special meeting of October 21, 2003 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

OCT 16 2003

SAN FRANCISCO
PUBLIC LIBRARY

10-16-03A08:52 RCVD

HEALTH COMMISSION MEETING

Tuesday, October 21, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF OCTOBER 7, 2003**
**Minutes of October 7, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CBHS-Mental Health** – Request for approval of a retroactive contract modification with Community Vocational Enterprises, Inc., in the amount of $313,506 per year for a total contract value of $6,774,535, to provide janitorial vocational services for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Client demographic information form*

(3.2) **CBHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with New Leaf: Services for our Community, in the amount of $1,482,443, to provide outpatient substance abuse and mental health services targeting lesbian, gay bisexual and transgender communities, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report memo, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.3) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend a grant from Public Health Foundation Enterprises, Inc., in the amount of $441,992, for a safety trial of Tenofovir as pre-exposure prophylaxis among high-risk men who have sex with men, for the period of October 1, 2003 to September 30, 2007.
** Calendaring request memo, Grant information form, Budget pages*

(3.4) **PHP-Occupational and Environmental Health** – Request for approval to accept retroactively and expend a grant from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, in the amount of $212,584, for the support of the first year of a four-year project to improve working conditions for day laborers in the Mission District in San Francisco, for the period of September 30, 2003 to September 29, 2004.
** Calendaring request memo, Grant information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **TIME SPECIFIC: 3:30 P.M.**
CONSIDERATION OF A RESOLUTION SUPPORTING THE REBUILD OF SAN FRANCISCO GENERAL HOSPITAL
(Gene O'Connell, Executive Administrator, SFGHMC)
**Proposed Resolution*

7) **PUBLIC COMMENTS****

8) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement of $250,000 in Mamie Wei vs. Ray Contreras and CCSF et al, Northern District, Case # C02-5887, SF City Attorney's Office File # 031122

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH, DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

San Francisco Department of Public Health

Find It

Minutes of the Health Commission Meeting

Tuesday, October 21, 2003
at 3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
NOV 26 2003
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:22 p.m.

Present:

- Commissioner Edward A. Chow, M.D., President
- Commissioner Roma P. Guy, M.S.W., Vice President
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S.
- Commissioner Michael Penn, Ph.D.
- Commissioner David J. Sanchez, Ph.D.
- Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF OCTOBER 7, 2003

Action Taken: The Commission approved the minutes of the September 16, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

The Budget Committee Consent Calendar was considered by the full Health Commission. Commissioner Monfredini chaired the meeting for this item.

(3.1) CBHS-Mental Health - Request for approval of a retroactive contract modification with Community Vocational Enterprises, Inc., in the amount of $313,506 per year for a total contract value of $6,774,535, to provide janitorial vocational services for the period of July 1, 2003 through June 30, 2007.

Commissioners' Comments

- Commissioner Monfredini emphasized the need to have accurate information about units of service in the Budget Committee report.

(3.2) CBHS-Mental Health/Substance Abuse - Request for approval of a retroactive contract renewal with New Leaf: Services for our Community, in the amount of $1,482,443, to provide outpatient substance abuse and mental health services targeting lesbian, gay bisexual and transgender communities, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Penn requested that, in future contract summaries, the key elements of any Corrective Action Plans are clearly identified in the contract summary.

(3.3) AIDS Office-HIV Research - Request for approval to accept retroactively and expend a grant from Public Health Foundation Enterprises, Inc., in the amount of $441,992, for a safety trial of Tenofovir as pre-exposure prophylaxis among high-risk men who have sex with men, for the period of October 1, 2003 to September 30, 2007.

(3.4) PHP-Occupational and Environmental Health - Request for approval to accept retroactively and expend a grant from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, in the amount of $212,584, for the support of the first year of a four-year project to improve working conditions for day laborers in the Mission District in San Francisco, for the period of September 30, 2003 to September 29, 2004.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT
Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Syphilis Community Plan

The STD Program has released a Community Plan to stop the spread of syphilis. Twenty-four individuals from agencies and organizations throughout the City worked for six months to produce the first strategic, coordinated plan in the nation to combat syphilis among gay and bisexual men. A copy of the plan is attached and it may also be accessed on the Internet at http://www.dph.sf.ca.us/Reports/StopSyphCommPlanExecSum.pdf .

Community Behavioral Health Services Staff Honored

Barbara Garcia, Director of Community Programs, will be a featured speaker at the Blue Cross State Sponsored Programs Annual Community Appreciation Awards on October 23rd. Recognition awards and mini-grants well be presented to recognize and thank community partners for their work on behalf of low-income families. A Recognition Award well be given to Diedra Epps-Miller, MA, Director, Southeast Health Center for her work with asthma and health care advocacy within the African American community. Posthumous awards will be given to Dr. Patricia Evans and Dr. Evelyn Lee for their community activism and advocacy. A mini-grant will be given to Silver Avenue Family Health Center to support their Centering Pregnancy Program, which provides incentives for early prenatal care.

5th Annual Latino Behavioral Health Conference

Community Programs will be hosting the 5th Annual Latino Behavioral Health Conference on October 24th. This year's conference is entitled "Healing our Community-Building Bridges" and features panel discussions on spirituality, mentorship, the judicial system, and high-risk

youth resiliency.

Direct Access to Housing

David Lazarus of the San Francisco Chronicle recently ran a series of articles in the Business Section on the issue of homelessness. The articles highlighted the cost-effectiveness of housing and, in particular, cited the Department's Direct Access to Housing (DAH) Program as one of the solutions to homelessness that is within reach. As detailed in my last report to the Commission, DAH has also been recognized as a model program by the President's Interagency Council on Homelessness, which recently awarded DAH $3.5 million to increase the number of supportive housing units in San Francisco.

Commissioners' Comments

- Commissioner Penn asked how the Syphilis Community Plan is being publicized beyond the website. Dr. Katz will get this information for him.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER

Commissioner Parker presented the Employee Recognition Awards for the month of October.

Individual Awardees

Name	Title	Nominated by
Julie Russell, R.Ph	Pharmacy QI/Medication Use and Safety Officer	SFGH PIPS Committee
Sam Ammons, LPT	Psych. Tech., Mission Mental Health	Deborah Hughes

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE REBUILD OF SAN FRANCISCO GENERAL HOSPITAL

Gene O'Connell, Hospital Administrator, SFGH, presented an update on the SFGH Rebuild. During the October 7th discussion, the Health Commission raised issues and asked questions about the master planning process. The presentation addressed these issues.

Co-location with UCSF - At the conclusion of the co-location consultation, UCSF did not wish to continue discussions. The new dean of the UCSF Medical School has expressed interest in revising the discussions and DPH is open to further exchange.

Community Outreach - An MOU has been written to codify the communications plan, and the hospital will conduct monthly open neighborhood meetings for project updates.

Alternative sources of funding - Staff is exploring the feasibility of obtaining funding from other sources such as parking revenue bonds, Certificates of Participation, Federal and State grants and a Statewide bond for hospital rebuilds.

Parking Issues - As an alternative to new parking structures at Potrero, staff is investigating the option of developing satellite parking sits with shuttle service. At Mission Bay, there is adequate area to develop sufficient parking.

Mission Bay's water table - The planning concept for Mission Bay South has anticipated building foundations and utilities in high water table areas. There are additional costs associated with this condition.

Proximity to Pac Bell Park - Increased traffic congestion is expected during major events that may affect circulation to the proposed hospital, and the EIR would consider such an impact.

Muni Third Street Light Rail - In the first phase, the Third Street Light Rail will be extended to Visitation Valley and will have multiple stops along the Mission Bay area. This phase should be completed by 2005. The second phase will improve access for residents of Chinatown and North Beach to Mission Bay.

Ms. O'Connell said that based on the October 7th public testimony, staff reconsidered the rebuild strategy. They are no longer considering taking people's homes, and have identified preliminary means by which project costs can be reduced. The scope of both projects have been changed.

Carlos Villalva, SFGHMC Architect, continued the presentation with the review of the concept alternatives. He described five approaches to reducing cost and complexity:

1. Reductions in the total number of beds
2. Substitution of program components with less expensive alternatives
3. Deferral of selected program components for a later date
4. Elimination of non-critical components
5. Reconsideration of earlier proposals.

Mr. Villalva discussed the retrofit concept, which is being revived as an option. Senate Bill 1953 stipulates that retrofitting acute care facilities to a life safety standard, SPC-2, by 2008 is an option to meet the mandate. Retrofitting the hospital was estimated to cost almost $300 million. Construction would take approximately eight years and have a significant impact on day-to-day hospital operations. In addition, we would still be required to build a new acute care facility to the highest standard, SPC-5, by 2030, which means that one of the two concepts under consideration would eventually need to be implemented.

In closing, Ms. O'Connell asked the Health Commission to consider a resolution supporting the following points:

- Assures that the SFGH Medical Center meets the seismic safety standards of SB 1953 by 2013, so that it will not close by 2008;
- Seek alternative funding sources to supplement a general obligation bond;
- Reconvene discussions with UCSF regarding co-location opportunities for both hospitals;
- Improve outreach strategies to continually inform the community on the rebuild planning process, and to receive public input.

Public Comment

- Dr. Talmadge King, Chief of Medical Services at SFGH, said the only option for a viable hospital is Mission Bay. His department must keep a strong connection with the Mission Bay campus.
- Dr. Morrie Schambelan, Chief of Endocrinology at SFGH, said the only real option that would appeal to the faculty and help recruitment and retention of new faculty is to move the hospital to Mission Bay.
- Sue Carlisle, M.D., Interim Associate Dean at SFGH, said the best way to maintain quality staff and serve the community is to have the highest quality medical center. Patching the current facility is not the way to go. Rebuilding on the Potrero site would also destroy the ability to serve the patients, and to recruit physicians to serve these patients. She urged the Commission to rebuild on Potrero.
- Valerie Ng, Chief of the Medical Staff at SFGH, said she has received a number of calls from medical staff who are concerned with the scaled back proposal for Mission Bay. She reiterated the medical staff's position to rebuild a world-class facility at Mission Bay. This is where the synergies and possibilities exist.
- Lucy Johns said great progress has been made since the last Health Commission meeting. She still has concerns about the number of beds that are being proposed. She requested that the Commission consider amending the resolution to include steering committee input on the future bed needs.
- Christopher Sabre noted that a number of concerned citizens are in attendance at the meeting. The community has not seen the resolution or have time to review the report.

Commissioners' Comments

- Commissioner Parker asked if San Francisco would need to build a new hospital by 2030, even if we retrofitted the current hospital to meet the SB 1953 mandate. Mr. Villalva said that by 2030 all hospital must meet the SPC5 requirement, so retrofitting the building to SPC2 is only good until 2030.
- Commissioner Umekubo commended the administration for trying to get the costs down. However he is still concerned about the high cost. What is the feasibility of state grants, parking revenue bonds, and the other potential funding sources that have been identified? Dr. Katz said that the only way State funds would be available is if the overall economy improves. Many other hospitals are facing similar requirements and deadlines, so the most likely method of State aid is that the State would do a statewide bond that public and community hospitals could tap into to meet this mandate. Because we have already maintained a subsidized rate for our patients and staff at our garages, it is unlikely that parking revenues would be large enough. Staff made a major effort to make both the Potrero and Mission Bay options more doable. But they have not had much time and they can do better on both scenarios. The underlying priority is to have a public hospital. They will continue to do more work and continue to meet with the community to develop two more feasible options. Commissioner Umekubo asked what is feasible for a general obligation bonds. Dr. Katz said $500 million to $600 million.
- Commissioner Sanchez said having a new Dean of Medicine at UCSF give us renewed opportunities for cooperation. Over the past few months, DPH and other city departments have received federal funding for bioterrorism. SFGH is a critical part of the city's bioterrorism response, so there might be an opportunity to get new Federal funds if we think creatively and cooperatively. Ms. O'Connell said that NAPH is surveying its hospitals about their ability to get funding for infrastructure, so this issue might appear on the national radar screen.
- Commissioner Chow asked if the steering committee would be involved in the next phase. Dr. Katz said that the steering committee and advisory groups would continue to be part of

the planning process.

- Commissioner Penn asked how likely it is that the City would get the land, and if there have there been discussions with Catellus. Ms. O'Connell said they have not had discussions with Catellus. It is vacant and it is for sale. Commissioner Penn emphasized that research space has to be a priority. What is the incentive for UCSF to pay for research space? Ms. O'Connell said that UC has not made any commitment to building new research space. Commissioner Penn would also like future planning efforts to include operational issues. Commissioner Penn applauded staff for its website and for its plan to hold monthly community meetings.
- Commissioner Monfredini said she wholeheartedly supports SFGH. She has not yet seen a proposal that is financially feasible, and as much as she hates the alternative, with 2008 rapidly approaching, we might have to retrofit rather than rebuild. She does not know if the electorate would approve a bond any higher than $300 million.
- Commissioner Guy said the Commission and staff know what the dream is, and the challenge is making this a reality. This resolution helps the Department pursue its vision, but also keeps the effort grounded in reality. She added that the operation of the new facility would cost more money.
- Commissioner Parker said there will have to be a new hospital by 2030. From a practical point of view, if it is expensive now, it will be even more costly as we approach the deadline.
- Commissioner Chow reiterated that the resolution does not endorse either concept, nor does it support retrofit. More work needs to be done. When the Laguna Honda Hospital rebuild was being planned, the political limit for bonds was $300 million. Circumstances have not changed.

Action Taken: The Health Commission unanimously approved Resolution 17-03, "Supporting that San Francisco General Hospital Medical Center meets Senate Bill 1953 Safety Standards by 2013, Encouraging Efforts to Identify Alternative Funding Sources, Supporting Further Discussions with UCSF on Co-Location and Encouraging Improved Community Outreach Strategies," with one amendment to added a resolved clause that reads "FURTHER RESOLVED, that the San Francisco Health Commission wishes to continue discussions with the State Legislature on the timeline of SB 1953 in order to ensure that comprehensive planning can take place, including further discussions about co-location opportunities." (Attachment A).

7) PUBLIC COMMENTS

None.

8) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Health Commission voted to hold a closed session.

The Commission went into closed session at 5:30 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Monfredini,

Commissioner Parker, Commissioner Penn, Commissioner Sanchez and Commissioner Umekubo, Norm Nickens, EEO, Martin Lum, EEO, Lisa Berkowitz, Deputy City Attorney, Mitch Katz, Director of Health and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement of $250,000 in Mamie Wei vs. Ray Contreras and CCSF et al, Northern District, Case # C02-5887, SF City Attorney's Office File # 031122

D) Reconvene in Open Session

The Commission reconvened in open session at 6:17 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Health Commission approved the settlement of $250,000 in Mamie Wei vs. Ray Contreras and CCSF et al.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Health Commission voted not to disclose any or all discussions held in closed session.

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Health Commission voted to hold a closed session.

The Commission went into closed session at 6:30 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Monfredini, Commissioner Parker, Commissioner Penn, Commissioner Sanchez and Commissioner Umekubo.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

- DIRECTOR OF HEALTH, DR. MITCH KATZ
- EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

The Commission reconvened in open session at 8:00 p.m.

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Health Commission voted not to disclose any or all discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 8:00 p.m.

Michele M. Olson, Executive Secretary to the Health Commission

Find It DPH Home SFGOV

Any questions, comments, or suggestions pertaining to this site may be directed to the DPH Webmaster
© Copyright 1998 - 2003, Department of Public Health, City and County of San Francisco
Modified 11/26/2003 09:29:49

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

NOV - 3 2003

SAN FRANCISCO
PUBLIC LIBRARY

11-03-03A10:36 RCVD

HEALTH COMMISSION MEETING

Tuesday, November 4, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF OCTOBER 21, 2003**
**Minutes of October 21, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE SPECIAL MEETING OF OCTOBER 21, 2003**
**Minutes of October 21, 2003*

4) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(4.1) **AIDS Office-HIV Health Services** – Request for approval to accept retroactively and expend a grant from the Department of Health and Human Services, Office of Minority Health, in the amount of $745,125, for HIV care and related services for women and minorities, for the period of September 30, 2003 to September 29, 2004.
** Calendaring request memo, Grant information form, Budget pages*

(4.2) **AIDS Office-HIV Health Services** – Request for approval to accept retroactively and expend a grant from the Health Resources and Services Administration, in the amount of $150,000, for transgender cultural competency training, for the period of August 1, 2003 to July 31, 2005; and a two-year contract with Ramsell Corporation in the amount of $41,268, for the period of November 1, 2003 to July 31, 2005.
** Calendaring request memo, Grant information form, Budget pages*

(4.3) **CHP-Housing & Urban Health** – Request for approval to accept retroactively and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $745,125 to expand supportive housing services for homeless people with disabilities, for the period of September 30, 2003 to September 29, 2004, and approval to modify five contracts (Baker Places, Inc., for $281,140; Episcopal Community Services for $20,000; John Stewart Co., for $91,400; Page Street Guest House for $20,000 and Mercy Services Corp., for $165,073) for the same time period.
** Calendaring request memo, Grant information form, Budget pages*

(4.4) **CHP-Housing & Urban Health** – Request for approval of a contract modification with Ark of Refuge, Inc., in the amount of $335,393, to provide additional transitional housing services targeting Lesbian, Gay, Bisexual, Queer and Questioning young adults, for the period of October 1, 2003 to June 30, 2004, for a total contract value of $636, 208.
** Calendaring request memo, Client demographic information form*

(4.5) **CHN-SPY/YGC** – Request for approval of a contract modification with St. Mary Prescription Pharmacy, to increase the contract by $123,750, for a new total of $258,750, to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, for the period of July 1, 2002 through May 31, 2004.
** Calendaring request memo, Monitoring report summary*

(4.6) **CHN-Primary Care** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $75,750, to provide LifeLines Project services which support women living with breast cancer, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(4.7) **CHPP-Health Promotion** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California at San Francisco – Family Health Outcomes Project, in the amount of $180,000, to provide evaluation services to the DPH Seven Principles Project, for the period of September 30, 2003 through September 29, 2004.
** Calendaring request memo, Monitoring report summary*

(4.8) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $6,459,963, to provide mental health residential, outpatient, rehabilitation and intensive day treatment services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(4.9) **CBHS-Mental Health** – Request for approval of a new retroactive contract with Learning Services of Northern California, in the amount of $60,368, to provide school-based mental health partnership services and childcare consultation services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo*

5) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

6) **FOR DISCUSSION:** **DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
(Anne Kronenberg, Director, Office of Policy and Planning)
** Report*

7) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT**
(Gene O'Connell, Executive Administrator, SFGHMC)
** Report*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound

enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

NOV 14 2003

SAN FRANCISCO
PUBLIC LIBRARY

MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 4, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Vice President Guy at 3:10 p.m.

Present: Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D., President
Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF OCTOBER 21, 2003

Action Taken: The Commission (Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the October 21, 2003 Health Commission meeting.

3) APPROVAL OF THE MINUTES OF THE SPECIAL MEETING OF OCTOBER 21, 2003

Action Taken: The Commission (Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the October 21, 2003 Special Health Commission meeting.

4) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting.

(4.1) **AIDS Office-HIV Health Services** – Request for approval to accept retroactively and expend a grant from the Department of Health and Human Services, Office of Minority Health, in the amount of $745,125, for HIV care and related services for women and minorities, for the period of September 30, 2003 to September 29, 2004.

(4.2) **AIDS Office-HIV Health Services** – Request for approval to accept retroactively and expend a grant from the Health Resources and Services Administration, in the amount of $150,000, for transgender cultural competency training, for the period of August 1, 2003 to July 31, 2005; and a two-year contract with Ramsell Corporation in the amount of $41,268, for the period of November 1, 2003 to July 31, 2005.

(4.3) **CHP-Housing & Urban Health** – Request for approval to accept retroactively and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $745,125 to expand supportive housing services for homeless people with disabilities, for the period of September 30, 2003 to September 29, 2004, and approval to modify five contracts (Baker Places, Inc., for $281,140; Episcopal Community Services for $20,000; John Stewart Co., for $91,400; Page Street Guest House for $20,000 and Mercy Services Corp., for $165,073) for the same time period.

(4.4) **CHP-Housing & Urban Health** – Request for approval of a contract modification with Ark of Refuge, Inc., in the amount of $335,393, to provide additional transitional housing services targeting Lesbian, Gay, Bisexual, Queer and Questioning young adults, for the period of October 1, 2003 to June 30, 2004, for a total contract value of $636, 208.

(4.5) **CHN-SPY/YGC** – Request for approval of a contract modification with St. Mary Prescription Pharmacy, to increase the contract by $123,750, for a new total of $258,750, to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, for the period of July 1, 2002 through May 31, 2004.

(4.6) **CHN-Primary Care** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $75,750, to provide LifeLines Project services which support women living with breast cancer, for the period of July 1, 2003 through June 30, 2004.

(4.7) **CHPP-Health Promotion** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California at San Francisco – Family Health Outcomes Project, in the amount of $180,000, to provide evaluation services to the DPH Seven Principles Project, for the period of September 30, 2003 through September 29, 2004.

(4.8) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $6,459,963, to provide mental health residential, outpatient, rehabilitation and intensive day treatment services, for the period of July 1, 2003 through June 30, 2004.

(4.9) **CBHS-Mental Health** – Request for approval of a new retroactive contract with Learning Services of Northern California, in the amount of $60,368, to provide school-based mental health

partnership services and childcare consultation services, for the period of July 1, 2003 through June 30, 2004.

Action Taken: The Commission (Guy, Monfredini, Parker, Penn, Umekubo) approved the Budget Committee Consent Calendar.

5) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Proposed Public Health Charter Amendment
Yesterday the Rules Committee passed Supervisor Daly's proposed Charter Amendment to the full Board without recommendation. The Board of Supervisor's is scheduled to hear the proposed Amendment at this afternoon's meeting. Supervisor Gonzales has already signed on as a co-sponsor. Supervisor Daly will need four additional sponsors today to have the measure qualify for the March 2004 ballot.

The Health Commission held a public hearing on the draft Charter Amendment on October 21st and passed a resolution supporting the amendment in concept. Supervisor Daly agreed to most of the recommendations cited in the Commission's resolution. Based on the discussion of the Health Commission and the testimony given at the hearing DPH staff recommended, clean-up language and additions were made in the following areas:

- Adding a section on Disease Prevention and Health Promotion: General discussion of the Department's role in addressing disease prevention and health promotion would highlight the importance of prevention efforts and provide DPH with needed flexibility, especially in addressing chronic conditions such as diabetes and heart disease, as well as those that may currently be unknown.

- Emergency Medical Services (EMS): Additional language on EMS and the inclusion of EMS in the Charter Amendment would complement existing language on trauma care and ensure that San Francisco's Charter is consistent with State EMS regulations.

- Behavioral Health Programs: Changing the language to address measurable outcomes rather than the lengths of waiting lists. This would enable the City to better evaluate the effectiveness of behavioral health interventions.

Supervisor Daly wants the Amendment to be in effect before the FY 04-05 budget season. He has stated, however, that should he not secure the votes today that he would continue to pursue this direction in the future. Dr. Katz will keep the Commission informed.

Health at Home
There was a full-page ad today in the Chronicle sponsored by the Department of Health and Human Services. The ad was entitled: "How does your local home health agency compare?" Health at Home (HAH) was compared with other California-based home health agencies in three areas: patients who get better at bathing; patients who get better at walking; and patients who get better at taking medicines. HAH ranked slightly below the statewide average in the first two categories, and slightly above in the third category. It should be noted that the survey ranked agencies in 50 categories, and only chose to use three of these in the ad.

Health at Home believes that the reasons why DPH's statistics on "Patients who get better at bathing" and "Patients who get better at walking or moving around" are slightly lower than the State average are due to the following reasons:

1. HAH has a higher number of patients who live in a compromised home environment, where access to bathing facilities are limited or inconvenient. Clients living in hotels or apartments, where a common bathroom may be down the hall, where sanitary conditions are often poor, and where, showers and not bathtubs are available, will often lack the ability or the incentive to bathe regularly.

2. Because HAH also sees a high percentage of clients with chronic illnesses, including HIV, oncology and palliative care diagnoses, as well as a number of paraplegics, often improvement in ambulation is not expected. As their disease state progresses, their functioning will also deteriorate.

3. As indicated in benchmark statistics for high-risk characteristics of our patient population, a higher percentage of HAH clients more often use alcohol and drugs, have less economic resources, and have limited support in the home. All factors impact on how effectively they can improve their level of functioning.

Smoking Cessation

The Tobacco Free Project's Stop Smoking Program, in cooperation with CHN's Environmental Health and Safety Committee, will offer a free smoking cessation program for SFGH employees from October 27 through November 24 on Monday and Thursday mornings from 11:30 a.m. to 12:30 p.m. Employees interested in registering for the 6-session program should contact Daryl Kent at 206-4314 or Darlene Bahrs at 206-6074.

Pedestrian and Traffic Safety Program Awarded

Congratulations to the Community Health Promotion and Prevention section for winning the AAA Community Traffic Safety Program Silver Award, recognizing the DPH Pedestrian and Traffic Safety program for "efforts and success in improving local traffic safety." The award considers the overall efforts that we have supported and carried out in the past three years. The award will be presented at the November Meeting of the Pedestrian Safety Advisory Committee of the Board of Supervisors. The meeting is on November 24th, at 5:30 p.m. at City Hall.

6) DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Frances Culp, Office of Policy and Planning, Randy Reiter, Ph.D., Epidemiology and Disease Control, and Jim Soos, Office of Policy and Planning, presented the Department of Public Health Annual Report. This report differs from previous reports in that information that has been historically presented in three different reports—the Annual Report, the Strategic Planning Update and the State of the City Public Health Address—is now consolidated it into one report.

Ms. Culp described the clients that DPH serves. The Community Health Network served 118,028 clients, Laguna Honda Hospital cared for 1,707 residents, Housing and Urban Health provided 1,730 beds, Community Mental Health Services served 22, 887 clients, Community Substance Abuse Services served 13,109 clients and the City Clinic had 20,855 patient visits. San Francisco has more Asians and fewer Hispanics than the rest of California. There are more one-person households.

Dr. Reiter discussed the factors influencing health. Social determinants include income distribution, poverty, housing, racial disparities, transportation and access to food. Behavioral risk factors include smoking, physical inactivity, diet and alcohol and other drugs.

Dr. Reiter presented data on the overall burden of disease in San Francisco. He summarized the leading causes of Disability Adjusted Life Years, which is a function of mortality and morbidity. Overweight and obesity are now considered, along with smoking, the leading cause of preventable death in the U.S. San Francisco is doing better than the State but it is still a large problem.

Ms. Culp talked about the Department's budget and funding sources. The Department has been doing more with less. Public Health needs continue to grow, but funding is becoming less reliable each year.

Mr. Soos presented an overview of the Strategic Plan. The Strategic Plan provides a framework for a formal and ongoing process of developing, implementing and evaluating organizational goals. The Strategic Plan is a roadmap for the Department. It is used to plan for program development and reductions and determine budget priorities; certain sections are used to evaluate programs. Divisions are responsible for implementation and the Office of Policy and Planning is responsible for oversight and monitoring.

Strategic Plan accomplishments include:

- Service Expansions Such as ISIS, OBOAT and the McMillan Center
- Healthy Kids and the Health Care Accountability Ordinance
- SFGH Rebuild and Primary Care Improvements
- Behavioral Health Integration
- Prevention Framework
- On-line Contracting and the Soarian Project
- Partnerships with City Departments and CBOs

Mr. Soos said there have been Strategic Plan challenges. The four strategies that have been the most problematic are the viability of contract agencies, infrastructure of contract agencies, capital funds for school health programs and staff recruitment, retention and training. These difficulties are largely due to lack of funding.

The Strategic Plan was conceived as a three- to five-year document, and is now nearly three years old. Mr. Soos said the next step is to evaluate and update the plan. This will include internal process to gather input from Department staff as well as external process to solicit community and contractor feedback. This process will take eight months, with the final report being presented to the Health Commission in June 2004.

Ms. Culp highlighted one new DPH program or service expansion for each of the four Strategic Plan goals.

Goal 1: San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations

Program: LHH's long term care for immigrants

Goal 2: Disease and injury are prevented

Program: Pedestrian/Traffic Safety

Goal 3: Services, programs and facilities are cost-effective and resources are maximized

Program: Streamlining STD testing

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies programs and services

Program: Clean and Green

Commissioners' Comments

- Commissioner Monfredini asked how the public would be educated about the move to an on-line reporting system. Ms. Culp said that for the first few months the report will be highlighted on the DPH homepage, so it would be easy for people to find. Commissioner Monfredini suggested having using the voicemail system to inform callers; Dr. Katz suggested including a statement about the annual report on all the Department's public notices.

- Commissioner Umekubo suggested that previous years' data are included with the report, so trends are more clearly identified. Commissioner Umekubo asked if the increase in population since 1990 is due to higher birth rates or increased immigration or some other factor. Staff will get him this information.

- Commissioner Parker asked if the national goal to eliminate racial health disparities is reflected in this report, and if DPH has established a similar, local goal. He also asked how the data can be used in a way that motivates people to change their behavior. Dr. Katz said he would see if staff could take the most compelling findings and turn them into impact messages. Dr. Reiter added that the purpose of the DALYs is to give a common measure of the efficacy and cost-effectiveness of interventions. One of the aims of the future development of the Overview of Health is to develop interventions that help San Franciscans. Dr. Katz said San Francisco does not have separate goals from the National health goals. Certain of our outcomes will differ from the national goals, primarily based on the differences in San Francisco's population. For example, the CDC's goal on TB rates does not allow communities with large immigrant populations to factor this into to data computation. There are some cases where it might be beneficial to have local goals to reflect San Francisco's unique community. These should be approved by the Health Commission and perhaps developed by the PHP JCC.

- Commissioner Penn applauded staff for linking specific programs to strategies. It makes the plan a living and breathing document. He suggested that the next iteration include suggestions for improvements in the following year. This report can be a vehicle to educate San Francisco about public health challenges, inform the community about programs and services and hold the Department accountable. There should be a specific section about health disparities, both in terms of racial and ethnic disparities and gender disparities.

- Commissioner Guy said she was initially apprehensive about combining the Annual Report with the Strategic Plan, since an annual report is a look back and a strategic plan in a plan for the future. But the report emphasized next steps, including an evaluation of the Strategic Plan. She suggested that each Joint Conference Committee should have a discussion about the Strategic

Plan and make recommendations to the evaluation process. Commissioner Guy cautioned that there are challenges to on-line reading. Most people do not have color printers, cannot download complex documents and other challenges. She appreciates the breakdown of data related to men's health disparities.

7) SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the San Francisco General Hospital Annual Report. She gave a brief overview of patient demographics. Served more than 94,000 clients last year. 53 percent of the patients were male, and 47 percent were female. Nine percent of the patients were homeless sometime during the year.

Sue Currin, Chief of Nursing, and Valerie Ng, M.D., Chief of the Medical Staff, described the services at San Francisco General Hospital in terms of an average day at the hospital. Each hour, a service, program, staff person or patient was highlighted. The day began at 1:00 a.m.

Sue Carlisle, Interim Associate Dean of UCSF, said that it has been a privilege to serve as interim dean at SFGH this past year, and she has forged a partnership with Ms. O'Connell and the SFGH staff.

Ms. O'Connell overviewed the strategic goals for FY 2003-2004

- SFGH will focus on retention and recruitment as a means of decreasing vacancy and turnover rates
- Increase SFGH operational efficiency
- Maximize revenue through improved documentation and charge capture
- Develop the facility master plan for the rebuild of SFGH
- Complete Level 1 Trauma Center verification and designation approval process
- Conduct an environmental impact study on air medical access
- Open the Avon Foundation Comprehensive Breast Center
- Improve organizational effectiveness by transitioning DPH to a single information system supporting the continuum of care
- Implement changes to place all patients at appropriate level of care within emergency services, acute services, rehabilitation facilities and community treatment
- Continue to maintain compliance with JCAHO and state licensing requirements and with other state and national quality initiatives

Commissioners' Comments

- Commissioner Parker applauded staff for the impressive report. Not only are these services provided 24-hours a day, but also 365 days per year. The hospital is fulfilling its commitment as a safety net for the community. Medicine is such an important component of every individual's life. Also, although the male population is less than the female population, men constitute a larger percentage of SFGH's clients. Are they coming in with different illnesses than women? Ms. O'Connell said there are no specific male-oriented clinics, but the chronic disease cases are predominantly male. SFGH is working with other hospitals in San Francisco to address African American health disparities in San Francisco. Staff can more consistently identify this through the SFGH JCC in the coming year.

- Commissioner Penn said it is a pleasure to see the personal side of the hospital.

- Commissioner Umekubo said the report painted a vivid picture of a day at the hospital. It was a refreshing approach. He asked how the Kaiser model for chronic disease management is progressing. Ms. O'Connell said that some programs, such as the wound care clinic and diabetes program, have been providing this kind of care for a while. But as an institution they are still in the preliminary stage. Commissioner Umekubo applauded SFGH for identifying best practices and incorporating them into their daily activities.

- Commissioner Monfredini said it is refreshing to hear a CEO say her first goal is her employees and their retention. People feel lucky when they are brought by ambulance to SFGH because they know they will get the best care.

- Commissioner Guy said this report would be a helpful orientation tool for new commissioners, the Board of Supervisors, funders and others. She thanked all the staff for taking the time to come to the meeting and support the report. SFGH has already met numerous challenges, and there will be more to come. She supported the SFGH JCC examining the reasons why males receive a disproportionate number of services. This is not just the case at SFGH but throughout the safety net. Commissioner Guy reinforced her support of the hospital getting the staff it needs. This is a major challenge.

Dr. Katz said that he has a personal connection to SFGH through having done his residency there, being an attending physician, being an administrator, and this year having a personal medical experience there. All of his experiences have been positive.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:40 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

PRESORTED
FIRST CLASS

SAN FRANCISCO
NOV 13 '03
CA

U.S. POSTAGE
00.60 :
H METER 715488

Government Inf. Center (2)
S.F. PUBLIC LIBRARY, CIVIC CENTER
100 Larkin Street, 5th Floor
San Francisco, CA 94102

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

NOV 1 4 2003

SAN FRANCISCO
PUBLIC LIBRARY

11-14-03P02:34 RCVD

AGENDA

HEALTH COMMISSION MEETING

Tuesday, November 18, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF NOVEMBER 4, 2003**
**Minutes of November 4, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP-AB75 Project** – Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 2003-04.
** Calendaring request memo, Description of Proposed Expenditure, Detail Sheets, Financial Maintenance of Effort Sheets*

(3.2) **CHN-Primary Care** – Request for approval of a retroactive renewal contract with Bayview Hunters Point Multipurpose Senior Center, in the amount of $55,554, to provide therapeutic day treatment services for frail elders and disabled persons living in the Southeast quadrant of San Francisco, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract modification with Better World Advertising to increase the contract amount by $150,000 for a new contract total of $520,000, to provide HIV prevention social marketing campaign services targeting behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.
** Calendaring request memo*

(3.4) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Positive Resource Center, in the amount of $140,000, to provide employment development services targeting people living with HIV/AIDS who are seeking to enter/re-enter the workforce, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **CHPP-Health Promotion** – Request for approval of a sole source retroactive contract renewal with Booker T. Washington Community Services Center, in the amount of $285,000, to provide SevenPrinciples Project services targeting African Americans, for the period of September 30, 2003 through September 29, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.6) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Homeless Children's Network, in the amount of $255,697 per year, for a total contract value of $1,022,716, to provide mental health services for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.7) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with NICOS Chinese Health Coalition, in the amount of $67,872, to provide mental health outpatient services for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Progress Foundation, in the amount of $9,729,503, to provide mental health, residential, outpatient and day treatment services targeting adult residents of San Francisco, with special services for senior, African American, Asian, Latino and homeless communities, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.9) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with West Bay Pilipino Multi-Service Center, in the amount of $67,200 per year, for a four-year contract total of $268,800, to provide mental health services targeting immigrants transitioning to community care, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Program review report memo, Client demographic information form*

(3.10) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $6,393,212, to provide mental health

services and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.11) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $9,135,851, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.12) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,287,312, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Monitoring report response and corrective action plan, Client demographic information forms*

(3.13) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $5,617,050, to provide substance abuse treatment services for residential, outpatient, day treatment, prevention and outreach programs, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report review memo, Monitoring report summaries, Corrective action plans, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **HEALTH CARE ACCOUNTABILITY ORDINANCE UPDATE AND CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS TO INCREASE THE HOURLY FEE AND A RESOLUTION TO AMEND THE MINIMUM STANDARDS**
(Anne Kronenberg, Director, Office of Policy and Planning)
* *Report and Resolutions*

7) **FOR DISCUSSION AND ACTION:** **CHARITY CARE REPORT AND CONSIDERATION OF A RESOLUTION SUPPORTING SAN FRANCISCO'S CHARITY CARE ORDINANCE AND URGING FULL COMPLIANCE WITH ITS PROVISIONS**
(Colleen Johnson, Assistant Director, DPH Office of Policy and Planning)
* *Report and Resolution*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

The Department of Public Health's 2002-2003 Annual Report is online at www.sfdph.org.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 18, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

NOV 26 2003

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:06 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President – left at 4:45 p.m.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.

Absent: Commissioner Michael Penn, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF NOVEMBER 4, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) approved the minutes of the November 4, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Chow attended, the Budget Committee meeting. Commissioner Umekubo and Commissioner Penn were absent.

(3.1) **PHP-AB75 Project** – Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 2003-04.

(3.2) **CHN-Primary Care** – Request for approval of a retroactive renewal contract with Bayview Hunters Point Multipurpose Senior Center, in the amount of $55,554, to provide therapeutic day treatment services for frail elders and disabled persons living in the Southeast quadrant of San Francisco, for the period of July 1, 2003 through June 30, 2004.

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract modification with Better World Advertising to increase the contract amount by $150,000 for a new contract total of $520,000, to provide HIV prevention social marketing campaign services targeting behavioral risk populations, for the period of January 1, 2003 through December 31, 2003.

Commissioners' Comments (at Health Commission meeting)

- Commissioner Parker asked what outcome objectives are being measured. Mr. Windt, Executive Director of Better World Advertising, described the evaluation that was done for FY 2002-03, and submitted a copy of the evaluation. Jimmy Loyce added the AIDS report would focus on the connection between research, prevention, health service, and infection rates.

(3.4) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Positive Resource Center, in the amount of $140,000, to provide employment development services targeting people living with HIV/AIDS who are seeking to enter/re-enter the workforce, for the period of July 1, 2003 through June 30, 2004.

(3.5) **CHPP-Health Promotion** – Request for approval of a sole source retroactive contract renewal with Booker T. Washington Community Services Center, in the amount of $285,000, to provide SevenPrinciples Project services targeting African Americans, for the period of September 30, 2003 through September 29, 2004.

Commissioners' Comments

- Commissioner Monfredini requested an update to PHP JCC in Spring 2004 on the status of hiring a permanent executive director.

(3.6) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Homeless Children's Network, in the amount of $255,697 per year, for a total contract value of $1,022,716, to provide mental health services for the period of July 1, 2003 through June 30, 2007.

(3.7) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with NICOS Chinese Health Coalition, in the amount of $67,872, to provide mental health outpatient services for the period of July 1, 2003 through June 30, 2004.

Commissioner Chow abstained from voting on this item.

(3.8) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Progress Foundation, in the amount of $9,729,503, to provide mental health, residential, outpatient and day

treatment services targeting adult residents of San Francisco, with special services for senior, African American, Asian, Latino and homeless communities, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini commended the agency for its consistent high scores across programs. Mr. Fields noted that DPH is working with its larger service providers such as Progress Foundation to develop a measurable outcome strategy that looks at the systemic effectiveness, rather than evaluating unit-by-unit, program by program.

(3.9) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with West Bay Pilipino Multi-Service Center, in the amount of $67,200 per year, for a four-year contract total of $268,800, to provide mental health services targeting immigrants transitioning to community care, for the period of July 1, 2003 through June 30, 2007.

Commissioners' Comments

- Commissioner Monfredini asked for the performance report to be presented to the CHN JCC when it is completed.

- Commissioner Chow noted that this is one of the few contracts that serve the Filipino community. He asked how many Filipino youth are being served by DPH and where these services are provided. Ms. Chan Sew said DPH serves approximately 400 Filipino youth under 19. They receive services through this contract, through the Balboa Teen Clinic, through RAMS, and programs like the Family Mosaic program that has a Tagalog-speaking staff person. Commissioner Chow asked for a special report to the CHN JCC about the various services that serve the Filipino and other smaller Asian communities. Ms. Chan Sew noted that Japanese Community Youth Center is in the process of completing a needs assessment for Asian youth in San Francisco.

(3.10) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $6,393,212, to provide mental health services and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2003 through June 30, 2004.

(3.11) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $9,135,851, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2003 through June 30, 2004.

This contract was continued to the December 2nd Health Commission meeting.

(3.12) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,287,312, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini congratulated the agency for its performance. The agency had some difficult years but those are behind us and the services are excellent.

- Commissioner Chow commended the agency for receiving three-year accreditation by the Commission for the Accreditation of Rehabilitation Facilities.

(3.13) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $5,617,050, to provide substance abuse treatment services for residential, outpatient, day treatment, prevention and outreach programs, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini asked how the agency plans to turn around its services. Ben Eiland from Haight Ashbury Free Clinics replied the infrastructure has been put in place and the programs are improving. Commissioner Monfredini asked for a progress report through the CHN JCC to the Budget Committee in three months.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) approved the Budget Committee Consent Calendar, with the exception of Item 3.3, which was discussed separately, and Item 3.11, which was continued to the December 2nd Health Commission meeting. Commissioner Chow abstained from voting on Item 3.7. After separate discussion, the Commission approved Item 3.3.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Governor Schwarzenegger

Yesterday, Arnold Schwarzenegger was sworn in as the 38th governor of California. As he pledged in his campaign, Governor Schwarzenegger's first acts in office included an Executive Order rescinding the recently increased vehicle license fee, and a call for three special legislative sessions to address workers' compensation reforms, drivers' licenses for undocumented immigrants, and the State budget. The vehicle license fee funds local government and realignment for health, mental health and social service programs and a rescission of the discounted fee requires an equal contribution from the State General Fund to keep county budgets whole. The Executive Order orders reinstatement of the General Fund offset for local government and refunds to taxpayers who have already paid the higher fee. However, these funds must first be appropriated by the Legislature, which the Governor has requested they do in special session. The Governor's second executive order suspended all proposed State regulations for 180 days and called for a 90-day review of current regulations imposed under the Davis administration to determine if they cause "undue harm to California's economy."

Grants Awarded to DPH by the San Francisco Health Plan

Dr. Katz announced that five grants totaling $426,085 were awarded to DPH by the San Francisco Health Plan through its "Access Enhancement Fund." Sincere thanks go to the Health Plan for their support and congratulations go to the awardees for their following proposals:

- UCSF/SFGH/Children's Health Center to extend evening and weekend hours;
- Ocean Park Health Center to implement and evaluate a chronic care model for treatment of diabetes;
- Chinatown Public Health Center with the Department of Ophthalmology to purchase equipment for a mobile program that would provide ophthalmologic services at many sites in DPH;
- SFGH Urgent Care Expansion to purchase equipment for a six-fold increase in urgent care exam rooms; and
- UCSF/SFGH/Children's Health Center to expand asthma clinic appointments by 45%.

Occupational and Environmental Health Section (OEHS) Clean and Green

The new OEHS Clean and Green Programs assist San Francisco regulated businesses in developing more ecologically sustainable business practices. The OEHS Clean and Green Program was launched in 2002 and focused first on toxics use reduction and product substitution. The Clean and Green Program is currently focusing on the automotive industry and 47 of these businesses are now operating "clean and green".

Dr. Katz reported that OEHS received a $36,000 grant by the San Francisco Foundation to support our Hazardous Material's program's Clean and Green business development with the SF Mission District auto repair facilities. The project will develop a Toxics Reduction Campaign with input from neighborhood businesses and then train local businesses on regulatory compliance, on strategies to reduce their use of toxic chemicals, and opportunities to reduce pollution.

State Rehabilitation Council Appointment

Congratulations to Eric Ciasullo, Director, HIV/AIDS Return to Work Initiative, for his recent appointment to the State Rehabilitation Council. Mr. Ciasullo is also president of the Board of Directors of the National Association of People With AIDS and has fought the HIV/AIDS epidemic for more than 15 years.

Natural Gas Rate Increases

Last week, the Public Utilities Commission notified all departments that natural gas rates are going up. Using the most likely scenario, the potential impact to DPH is over $840K.

TB Program News

Beginning November 3, 2003, the San Francisco TB Control program in collaboration with the Department of Public Health Laboratory will begin using the QuantiFERON-TB Test (QFT) to screen selected patients for TB, in place of the tuberculin skin test (TST). The QFT is an FDA approved blood test for use as a diagnostic aid in the detection of latent tuberculosis infection (LTBI). The QFT test will initially be available through the TB control program, and DPH is planning expansion of availability to all Health Department clinics in San Francisco currently providing TB testing.

Naloxone Distribution

Last weekend DPH became the first public agency in California to begin distributing anti-overdose medication to heroin addicts. The Naloxone program requires people who receive the drug to be trained in how to administer it to overdose patients. Last year in a study partially funded by DPH, 24 addicts were trained and given Naloxone. Study results showed that participants witnessed 20 overdoses, using Naloxone successfully in 14 cases. The other six overdose victims were not given

Naloxone for various reasons. Naloxone has almost no side effects, it works by blocking opioid receptor sites in the brain.

McMillan Sobering Center

KTVU Channel 2 sent a reporter and crew to take a look at the new McMillan Sobering Center recently. They will be airing a special seven-minute segment on Sunday, November 30, during their 11 p.m. news magazine hour, "Second Look." Thanks to Barry Zevin, MD, Medical Director, and his staff for coordinating the activities of the reporter and crew.

DHS Star Performer Award

Congratulations to Leah Thiebaut and Lannie Heaney, DPH Foster Care Public Health Nurses, for being recognized by DHS as a "DHS Star Performer". This is the fifth year DHS is doing this. The program is specifically intended for DHS employees to recognize their accomplishments, yet these two individuals were nominated, as they were thought very highly of by colleagues at DHS in their role as vital partners to the smooth and efficient delivery of health care services for children in foster care. The award will be presented at a private reception today at Herbst Theater.

Emergency Drill

Last Thursday EMS and Emergency Operations Section (EMSEO), and Community Health Epidemiology and Disease Control (CHEDC) coordinated the local exercise of the statewide health and medical disaster exercise. This exercise evaluated the City and County of San Francisco's capability to respond to medical and health needs following the deliberate dissemination of a biological agent within a fictitious indoor concert.

Following the discovery of the release of a biological agent within San Francisco, CHEDC dispatched and coordinated epidemiological surveillance teams to identify patients, and potential patients. CHEDC also issued health alerts to clinicians and health care facilities citywide, and worked with the Public Information Officer to develop critical public information. At the Department's Operating Center (EOC), EMSEO queried and coordinated the medical response of every hospital and ambulance provider within San Francisco. Representatives from DPH Human Resources and Operations provided logistical support, including securing personnel and vehicles, which would be necessary during a real incident. Additionally, the Office of Emergency Services Amateur Communication System provided redundant communications with DPH health care institutions, and regional OES.

As in any exercise, DPH identified areas for improvement, but also learned that steps the Department has taken since September 11, 2001 have materially improved its ability to respond to a biological or other critical incident.

Community Health Network/San Francisco General Hospital
Credentials Report

November 2003
Health Commission – Director of Health Report
(From 11/10/03 MEC and 11/18/03 JCC)

	11/03	7/03 to 11/03
New Appointments	18	71
Reinstatements		1
Reappointments	31	127
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	8	62
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	3	66
Voluntary Relinquishments	0	1
Proctorship Completed	26	41
Current Statistics – as of 11/1/03		
Active Staff		426
Affiliate Professionals (non-physicians)		166
Courtesy Staff		520
Total Members		1,112
Applications In Process	17	
Applications Withdrawn Month of Jan 2003	1	7(07/03 to 11/03)
SFGH Reappointments in Process Def 2003 to Mar 2004	205	

Commissioners' Comments

- Commissioner Chow asked if the new blood test for TB would differentiate people with BPG. Dr. Katz said it would. Commissioner Chow asked if this testing in more expensive. Dr. Katz said they are currently piloting the program, but he anticipates that test will eventually be used in all places where testing is done. Dr. Katz said it is likely the test itself is more expensive, but is more efficient in terms of staff time, so it should not be more expensive to administer.

- Commissioner Guy asked how much San Francisco gets from the Vehicle License Fee. Gregg Sass said the total VLF currently is $192.4 million comprised of $79.8 million for health and

welfare and $112.6 million of discretionary funds. The amount eliminated by the Governor was $129.9 million comprised of $53.9 million of H&W and $76 million of discretionary. For this fiscal year, Mr. Sass anticipated that the increased fees would only be there for the last 9 months of the current year and did not budget $38.3 million.

So the current year reduction is $91.6 million citywide. Next year the cut would be the full $129.9 million. Assuming DPH's share is approximately 20% of discretionary GF, it would have exposure of $18M this year and $26M next year, but there is great pressure to get the cuts backfilled by the State and it is too early to predict what the final effect will be. The commitment to backfill H&W is a concern as it could theoretically be funded from the discretionary component. But Mr. Sass was also told that there is public safety money in that portion which would be politically risky to raid.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER**

Individual Awardee	Division	Nominated by
Dorlee Chavez, RN	Southeast Health Center	Cheree Richson, Principal Clerk, Southeast Health Center

Team Awardees	Division	Nominated by
Barry Zevin, MD Jorge Solis Wylie Liu	McMillan Stabilization Pilot Project	Barbara Garcia, PHP Deputy Director

Commissioner Chow presented a Certificate to Sister Miriam Walsh for her 21 years of dedicated service at Laguna Honda Hospital Pastoral Care.

6) **HEALTH CARE ACCOUNTABILITY ORDINANCE UPDATE AND CONSIDERATION OF A RESOULTION URGING THE BOARD OF SUPERVISORS TO INCREASE THE HOURLY FEE AND A RESOLUTION TO AMEND THE MINIMUM STANDARDS**

Anne Kronenberg, Deputy Director of DPH, provided the Commission with an update on the Health Care Accountability Ordinance (HCAO). HCAO requires that City contractors or lessees provide health coverage or pay a fee to DPH to offset the City's costs of caring for the uninsured. The goal of the ordinance is to insure the workforce. Business may comply with HCAO by offering insurance that meets the minimum standards or make payments to DPH to offset care for the uninsured. A third option, a local health coverage plan, has been determined to be economically unfeasible.

Minimum Standards – Background and Recommendation

The Health Commission has sole responsibility to evaluate and update the minimum standards. Current minimum standards, set in 2001, are not in line with available small business health plan options. At the previous HCAO update to the Commission, staff believed that AB 2178 was a partial solution for small businesses, but PacAdvantage products do not meet the minimum standards. Insurance costs are increasing and co-payments are more expensive.

The staff recommendation is keep the components of the benefit package the same, but increase allowable co-payment amounts. (Ms. Kronenberg pointed out that, since the report was developed, there has been discussion about an alternative recommendation. This was discussed later in the presentation.) The increase would allow employers to purchase 2 of 3 PacAdvantage plans, 3 of 4 Kaiser plans and 1 of 3 Blue Shield Plans.

Increased Fee to DPH – Background and Recommendation

Companies can choose to make a payment to DPH rather than providing insurance. The fee is $1.50 per hour per employee, with a maximum fee of $60 per week per employee. In FY 2002-03 DPH collected $153,755. The Health Commission may review the fee and recommend a change to the Board of Supervisors. The monthly maximum for the HCAO fee is $240, which is less than the project monthly insurance premium cost for 2004. Staff believes that the HCAO fee should not cost less than the average monthly premium, so recommends increasing the fee from $1.50 per hour to $2.00 per hour. The weekly maximum would be $80 and the monthly maximum $320 per employee.

Ms. Kronenberg said they still believe that small businesses should have access to plans that meet the minimum standards. There may be another option to have a two-tiered system whereby larger businesses would be required to meet the current minimum standards, and the revised standards would only apply to small businesses. Larger businesses have the ability to negotiate for packages, and can negotiate one that meets our standards. Smaller businesses do not have this option. Staff does not have a recommendation yet, and would like more time to develop this alternative.

Dr. Katz added that, regardless of what the Department and Commission may desire in a health insurance product, there are realities in the marketplace and it does no good to specify requirements that do not exist. However, in talking to the advocates, it was felt that the larger employers might use the revised standards to water down their current health benefits. This led to the idea of a bifurcated system. Dr. Katz has asked staff to research the issue further, and identify the most appropriate definition of small business. Dr. Katz said they also considered the option of reducing the scope of benefits, but ultimately decided against making this recommendation.

Public Comment

- Karl Kramer, San Francisco Living Wage Coalition, asked the Commission not to approve an increase to the co-pay, and re-examine the creation of a city administered health insurance pool. The taxi drivers' legislation, passed in 2002, mandates a similar pool. This would take the insurance companies out of the loop. He supports increasing the fee the businesses pay.

- Richard Heasley, Executive Director of Conard House, representing the Mental Health Contractors Association, said the sooner the City pool becomes available, the better. There is no funding for this unfunded mandate, and it is not clear if the City will fund the payment increase. He is also concerned that this requirement only impacts a small number of on-call employees at his agency, and inserts the City in the agency's labor negotiating process.

- Debbi Lerman, Human Services Network, said the HSN supports delaying the decision on this issue, as the recommendations have not been fully aired. One concern is dealing with on-call, temporary workers who only occasionally work 15 hours per week. In addition, there was a commitment by the City to provide a pass-through to non-profits to fund this requirement, and this has not been consistent. Need to ensure that there are affordable, mid-level plans available.

- Dale Butler, SEIU 790, SEIU is concerned about the co-payment increases. He said the ordinance has been a powerful tool for getting for-profit businesses to provide health insurance. He supports further examination of the bifurcated approach.

- Dale Hess, San Francisco Convention and Visitors Bureau, said it has been a struggle to find carriers to provide coverage to part-time employees that meets this ordinance. No carrier is willing to talk to businesses about covering people who work 15 to 20 hours. He is also confounded by the requirement to pay individuals who do not live in San Francisco the $1.50 per hour, but employees who live in San Francisco do not get the money—it goes to SFGH. He supports the creation of a local insurance pool. He also said that any insurer that offers insurance to City employees should be required to provide insurance to this group of employees.

Commissioners' Comments

- Commissioner Chow asked Rich Waller, Office of Contracts Administration, how many employees are covered by this ordinance. Mr. Waller said there are approximately 3,500 contracts that are subject to this ordinance, but he does not know how many employees are covered by these contracts. This is identified through individual, investigative audits. To date they have audited 73 contracts.

- Commissioner Sanchez asked if the audits found differences in compliance rates between non-profit and for-profit companies. Mr. Waller said that there is no difference.

- Commissioner Parker endorses universal health coverage, and the basic problem is that small businesses cannot get insurance for their employees. There will never be universal coverage until there is something for small businesses. Commissioner Parker said this issue has not been adequately examined, and the co-payment should not be increased until there is more information.

- Commissioner Monfredini said that she supports the two-tiered system. She wants small businesses to be able to provide insurance, and not have to make the decision to fire employees in order to meet the requirements. She supports delaying action until more research has been done.

- Commissioner Sanchez supports further analysis of a two-tiered system.

- Commissioner Guy supports further research of a two-tiered system, with a few cautions. The problem of spiraling health care costs cannot be solved at the local level. We need to maneuver through the system, and find ways to provide insurance to our workers.

- Commissioner Chow also supports further analysis of this issue. The public raised an interesting idea of requiring businesses that provide insurance through the Health Service System to provide a product for this pool of workers. Commissioner Chow said a local pool was not economically viable for 400 employees. But if we identify a greater number of people, perhaps we can re-examine a local program. Dr. Katz will reevaluate the feasibility of developing a local pool, although there are significant challenges. Dr. Katz said he can bring this issue back to the Commission in two months, about the two-tiered system and other steps that can be taken.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) deferred action on the two resolutions.

7) CHARITY CARE REPORT AND CONSIDERATION OF A RESOLUTION SUPPORTING SAN FRANCISCO'S CHARITY CARE ORDINANCE AND URGING FULL COMPLIANCE WITH ITS PROVISIONS

Colleen Johnson presented the Fiscal Year 2001 San Francisco Charity Care Report. This report is required by the Charity Care Ordinance, which was passed by the Board of Supervisors and signed by the Mayor in 2001. The goal of the ordinance is to enable the City and County of San Francisco to evaluate the need for charity care in the community and to plan for the continued fulfillment of the City's responsibility to provide care to indigents and the uninsured. The ordinance contains both reporting and notification requirements.

Hospitals subject to the ordinance are CPMC, Chinese Hospital, St. Francis Memorial Hospital, St. Luke's Hospital and St. Mary's Medical Center. SFGH is exempt from reporting, it has voluntarily complied with the ordinance for both years that reporting has been required. In addition, Kaiser voluntarily complied with the ordinance for this reporting cycle, and UCSF has indicated that it intends to comply with the ordinance for FY 2003. (Public hospitals and HMOs regulated by the State Department of Managed Care are exempt from reporting under the ordinance.) Chinese Hospital participates in the Hill-Burton program, and Hill-Burton charity care is excluded from the City's and State's definition of charity care.

Ms. Johnson provided a summary of the information that was provided by the reporting hospitals.

The five reporting hospitals received 142,620 applications for charity care. Between 113 and 123 applications were denied. Though charity care services are provided to residents throughout the City, the largest proportions of charity care services continue to be provided for patients who reside in the Tenderloin, the Mission, Bayview/Hunters' Point and Potrero Hill neighborhoods. A total of 83,285 charity care services were provided by the reporting hospitals. SFGH provided 81% of those services. St. Mary's and St. Luke's each provided 8%. The types of charity care—inpatient, outpatient, emergency—provided by each hospital varied.

Hospitals' charity care expenditures ranged from approximately $900,000 at St. Francis to approximately $56 million at SFGH. When comparing the percentage of all licensed beds to the percentage of charity care provided, SFGH provided a disproportionate amount of charity care services.

Together, all six reporting hospitals provided $35 million in charity care in excess of the benefits from tax exemption. However, when SFGH is excluded, the five non-public reporting hospitals received tax benefits of $21.2 million beyond what they provided in charity care. Two of the five hospitals—St. Mary's and St. Luke's—provided charity care in excess of tax benefits.

Looking forward, legislation that expands charity care reporting and policy requirement was introduced by Senator Ortiz, but died in the 2002 legislative session. It may be addressed again in 2003. There will be changes to the State charity care guidelines.

Public Comment

- Fred Seavey, SEIU 250, said the Union supported this ordinance to educate people about their ability to get health care via charity care, and ensure that policy makers have an array of information about services available. The report clearly indicates the failure of the City's largest hospital to provide any significant charity care. CPMC enjoyed tax breaks of $61

million, sent $100 million in profits to its parent company in Sacramento, yet only provide $1.5 million in charity care.

- Leslie Bennett, Consumers Unions, supports the ordinance and the reports that have been generated by DPH. The reports provide a full picture of the charity care provided in San Francisco. It is unfortunate that even though the ordinance has been in effect for more than a year, there are still hospitals that do not comply. They support all efforts to bring hospitals into compliance, including levying fines.

Commissioners' Comments

- Commissioner Monfredini said DPH should ask the City Attorney to begin the process of civil action against non-complying hospitals. Also, she is disappointed that St. Luke's denial rate increased since it was taken over by Sutter. Finally, she is disappointed that CPMC provides so little charity care and gets such large tax breaks. She noted that the Hospital Council should have been at the meeting to address the Commission and answer questions.

- Commissioner Sanchez said this reports gives DPH a baseline of data; now DPH need to take that to the next steps of pursuing civil action. He said it is so frustrating for the Health Commission to sit through Proposition Q hearings where hospitals say they are going to do various things, and then see that they are not in compliance, and do not provide their share of charity care.

- Commissioner Chow complemented Ms. Johnson for her continued diligence with the report and getting the Commission the most updated information. It is disappointing that the Hospital Council has not provided the Commission with any comments. This report was distributed early at their request. This is an important report.

Action Taken: The Commission (Chow, Monfredini, Parker, Sanchez) approved Resolution #18-03, "Supporting San Francisco's Charity Care Ordinance and Urging Full Compliance with its Provisions," (Attachment A).

8) PUBLIC COMMENTS

- Kevin Horne spoke about the restrictions in the methadone maintenance program. Mandatory detox can lead to serious convulsions or even death. He asked that a panel of doctors discuss this problem.

9) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-03

SUPPORTING OF SAN FRANCISCO'S CHARITY CARE ORDINANCE AND URGING FULL COMPLIANCE WITH ITS PROVISIONS

WHEREAS, in San Francisco, an estimated 135,000 people, or 17 percent of the City's population, are uninsured; and,

WHEREAS, many of the uninsured rely on charity care services provided by hospitals to access needed primary and acute care services; and,

WHEREAS, in order to enable the City and County of San Francisco to evaluate the need for charity care in the community and to plan for the continued fulfillment of the City's responsibility to provide care to indigents, the Board of Supervisors passed Ordinance Number 163-01, the Charity Care Policy Reporting and Notice Requirement; and,

WHEREAS, Ordinance Number 163-01 (the Charity Care Ordinance) requires hospitals to report to the Department of Public Health specific information related to the amount of charity care they provide and to notify patients of the hospital's charity care policies; and,

WHEREAS, California Pacific Medical Center, Chinese Hospital, Saint Francis Memorial Hospital, St. Luke's Hospital, and St. Mary's Medical Center are subject to the terms of the Charity Care Ordinance; and,

WHEREAS, San Francisco General Hospital and Kaiser Permanente Medical Center have voluntarily complied with the Charity Care Ordinance; and,

WHEREAS, the University of California, San Francisco, has indicated that it intends to voluntarily comply with the Charity Care Ordinance beginning with the fiscal year 2003 report; and,

WHEREAS, the San Francisco Health Commission appreciates San Francisco hospitals' efforts to comply with the Charity Care Ordinance; and,

WHEREAS, the charity care information provided by hospitals helps the San Francisco Health Commission evaluate the utilization of charity care services and provides an indication of the health care needs of our City's low-income, uninsured and underinsured populations; and,

WHEREAS, while the hospitals reporting pursuant to the Charity Care Ordinance have complied with most of the provisions of the Charity Care Ordinance, there are some areas where information continues to be lacking; and,

WHEREAS, among other requirements, the Charity Care Ordinance requires hospitals to submit copies of charity care notices that must be posted in English, Spanish and Chinese in each hospital's emergency room, waiting rooms, and billing offices; and,

WHEREAS, no reporting hospital, except San Francisco General Hospital, has submitted copies of their charity care notices in English, Spanish and Chinese along with the locations where these notices are posted; and,

WHEREAS, correspondence was sent to the hospitals on October 31, 2003 requesting that by the date of this resolution hospitals submit copies of their charity care notices in English, Spanish and Chinese and the locations of their posting; and,

WHEREAS, under the Charity Care Ordinance, hospitals are required to report the residence zip codes of individuals who applied for charity care and were accepted and individuals who applied for charity care and were denied; and,

WHEREAS, no reporting hospital has been able to report information on the zip codes of patients who applied for but were denied charity care; and,

WHEREAS, hospitals are also required to submit copies of their charity care policies, though the Charity Care Ordinance does not set forth any requirements as to the contents of these policies; and,

WHEREAS, the hospitals' charity care policies vary widely in terms of eligibility and process; and,

WHEREAS, not all hospitals' charity care policies include an appeals process; and,

WHEREAS, the Charity Care Ordinance is local law; now, therefore, be it,

RESOLVED, that the San Francisco Health Commission directs each hospital to fully comply with its provisions; and, be it,

FURTHER RESOLVED, that, in particular, the San Francisco Health Commission requests that hospitals report accurate information on the number of denied applications for charity care, including the zip codes of patients whose charity care applications were denied; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission urges hospitals to include as part of their charity care policies an appeals process that specifies the steps that are taken both by the patient and internally within the hospital when a charity care applicant disputes a determination of ineligibility for charity care.

I hereby certify that the San Francisco Health Commission at its meeting of November 18, 2003 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

DOCUMENTS DEPT.

NOV 26 2003

SAN FRANCISCO
PUBLIC LIBRARY

11-26-03A09:55 RCVD

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 2, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF NOVEMBER 18, 2003**
**Minutes of November 18, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP-HUH** – Request for approval to accept retroactively and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,658,874, for the period of September 30, 2003 to September 29, 2006 and approval of a contract with Baker Places, Inc., totaling $832,466, for the same time period.
** Calendaring request memo, Grant information form, Budget pages*

(3.2) **PHP-HUH** – Request for approval to accept retroactively and expend a grant from the Health Resources Services Administration through the San Francisco Community Clinic Consortium, in the amount of $808,269, for the period of September 1, 2003 to August 31, 2006.
* *Calendaring request memo, Grant information form, Budget pages*

(3.3) **PHP-CHPP** – Request for approval of a retroactive contract renewal with San Francisco Study Center, in the amount of $218,669, to provide program support services to the DPH African American Health Initiative, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form, FY 02-03 Statistical Report*

(3.4) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California in the amount of $3,948,013 per year, for a total contract value of $7,896,027, to provide citywide case management mental health services targeting Psychiatric Emergency Services clients and county jail inmates with mental illness, for the two-year period of July 1, 2003 through June 30, 3005.
* *Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of $3,645,744 per year, for a total contract value of $7,291,488, to renew the Single Point of Responsibility Program serving severely mentally ill adults, for the period of July 1, 2003 through June 30, 2005.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.6) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Jewish Family and Children's Services, in the amount of $815,345 per year for a total contract value of $3,261,377, to provide mental health services, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.7) **BHS-Mental Health** – Request for approval of a retroactive new contract with Boys and Girls Club of San Francisco, in the amount of $103,040, to provide mental health services for youth ages 7 through 18, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.8) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with the Regents of the University of California, Center on Deafness, in the amount of $475,553, to provide mental health/substance abuse residential/outpatient services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.9) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $9,135,851, to provide residential mental health and substance abuse treatment services for the period of July 1, 2003 through June 20, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.10) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Center for Juvenile & Criminal Justice, Inc. (CJCJ), in the amount of $249,250, to provide substance abuse

recovery services targeting San Francisco male parolees over 18 years old, for the period of July 1, 2003 through June 30, 2004.

* *Calendaring request memo, Monitoring report summary, Corrective action plan, Follow-up memo from CJCJ, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR DISCUSSION:** **FIRST QUARTER FINANCE REPORT**
(Gregg Sass, DPH Chief Finance Officer)
* *Report*

6) **FOR DISCUSSION:** **AIDS OFFICE UPDATE**
(Jimmy Loyce, Deputy Director of Health, AIDS Programs)
* *Update*

7) **FOR DISCUSSION:** **FEDERAL AND STATE LEGISLATIVE UPDATE**
(Colleen Johnson, Assistant Director, DPH Office of Policy and Planning)
* *Update*

8) **FOR DISCUSSION AND ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES, (HOSPITAL PLAN FOR THE PROVISION OF PATIENT CARE, IN-PATIENT UTILIZATION REVIEW PROGRAM, PERFORMANCE IMPROVEMENT AND PATIENT SAFETY), AND PRESENTATION OF EMPLOYEE PERFORMANCE AND COMPETENCY REPORT AND ENVIRONMENT OF CARE SAFETY ANNUAL REPORT**
(Gene O'Connell, Executive Administrator, SFGHMC)
* *Reports, Policies and Procedures*

9) **FOR ACTION:** **APPROVAL OF A SUPPLEMENTAL APPROPRIATION FOR THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT**
(Gregg Sass, DPH Chief Financial Officer)
**Report, Supplemental Appropriation Ordinance*

10) **PUBLIC COMMENTS****

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

DOCUMENTS DEPT.

DEC 1 2 2003

SAN FRANCISCO
PUBLIC LIBRARY

03

HEALTH COMMISSION MEETING

Tuesday, December 2, 2003
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.

Commissioner Umekubo left at 6:00 p.m.

2) APPROVAL OF THE MINUTES OF THE MEETING OF NOVEMBER 18, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved the minutes of the November 18, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini and Commissioner Umekubo attended the Budget Committee meeting. Commissioner Penn was absent.

(3.1) **PHP-HUH** – Request for approval to accept retroactively and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,658,874, for the period of September 30, 2003 to September 29, 2006 and approval of a contract with Baker Places, Inc., totaling $832,466, for the same time period.

(3.2) **PHP-HUH** – Request for approval to accept retroactively and expend a grant from the Health Resources Services Administration through the San Francisco Community Clinic Consortium, in the amount of $808,269, for the period of September 1, 2003 to August 31, 2006.

(3.3) **PHP-CHPP** – Request for approval of a retroactive contract renewal with San Francisco Study Center, in the amount of $218,669, to provide program support services to the DPH African American Health Initiative, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini commended the San Francisco Study Center and the Black Coalition on AIDS. The Black Coalition on AIDS had experience some problems, but is back on track. Perry Lang, Executive Director of Black Coalition on AIDS, and Aimee Zenzele Barnes, Board President, attended the meeting.

(3.4) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California in the amount of $3,948,013 per year, for a total contract value of $7,896,027, to provide citywide case management mental health services targeting Psychiatric Emergency Services clients and county jail inmates with mental illness, for the two-year period of July 1, 2003 through June 30, 3005.

> Secretary's Comment – The contract summary form inaccurately states that there is a reduction in FTEs. There is no reduction.

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of $3,645,744 per year, for a total contract value of $7,291,488, to renew the Single Point of Responsibility Program serving severely mentally ill adults, for the period of July 1, 2003 through June 30, 2005.

(3.6) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Jewish Family and Children's Services, in the amount of $815,345 per year for a total contract value of $3,261,377, to provide mental health services, for the period of July 1, 2003 through June 30, 2007.

(3.7) **BHS-Mental Health** – Request for approval of a retroactive new contract with Boys and Girls Club of San Francisco, in the amount of $103,040, to provide mental health services for youth ages 7 through 18, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini is excited to welcome the Boys and Girls Club of San Francisco to the DPH family. She asked for a progress report to the Population Health and Prevention Joint Conference Committee as to the status of the pilot project.

(3.8) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with the Regents of the University of California, Center on Deafness, in the amount of $475,553, to provide mental health/substance abuse residential/outpatient services, for the period of July 1, 2003 through June 30, 2004.

Secretary's Comment – The title inaccurately states that the contract is for residential/outpatient services. The contract does not include residential services.

(3.9) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $9,135,851, to provide residential mental health and substance abuse treatment services for the period of July 1, 2003 through June 20, 2004.

Barbara Garcia, DPH Deputy Director, provided an update on the agency's management issues. There are six new board members. Staff anticipates that the Attorney General's investigation will be closed by June 2004. There has been a fairly extensive program review as part of the Cal Mortgage application process. The agency has continued to bring in more than $1 million in grants.

Gregg Sass, DPH Chief Financial Officer, gave a financial update. Because of a variety of fiscal problems, Mr. Sass has closely monitored Walden House's financial situation. The agency has made a lot of progress. Their cash is forecasted to be positive through year-end. They agency still has the challenge of getting expenses in line with receipts. Mr. Sass will continue to closely monitor actual expenses. Receivables are lower than they were a year ago. A continued concern is the fact that the agency does not have an auditor on board, so the FY 2003 audit is not done. Mr. Sass continues to ask for a number of monthly reports, which are due on the 15th of each month: financial statement, cash forecasts, update on status of Attorney General investigation, status of Cal Mortgage application, status of the audit and updates on personnel and governance issues.

Commissioners' Comments

- Commissioner Monfredini expressed disappointment with Deloitte and Touche for walking away from Walden House. They overlooked inappropriate expenditures in the past, and to walk away when the agency is trying to get its house in order is reprehensible. She offered to meet with the firm if it would help. Commissioner Monfredini thanked Ms. Garcia and Mr. Sass for taking on the task of working with this agency. She congratulated Board President Chris Cunnie and Executive Director Chuck Deutschman for starting the process of turning the agency around. Chris Cunnie thanked DPH staff for working so closely with Walden House staff and board members. The job is not done, and the Board is committed to continuing the work. Mr. Deutschman said Walden House has so many wonderful staff, appreciates support from DPH staff and the Commission.

- Commissioner Umekubo asked about the prospects for retaining an auditor. Mr. Deutschman said the four firms Walden House met with are not willing to go forward until Deloitte and Touche provides completed information from the previous audit.

- Commissioner Monfredini asked Walden to commit to continuing to provide DPH staff with monthly information. She asked the status of the Cal Mortgage application. Mr. Cunnie said they still pursuing this, but until the Attorney General's investigation ends, this will not move

forward. The board and staff are working closely with the Attorney Genera's Office and Bank of America. Commissioner Monfredini commended Mr. Cunnie for continuing as board president during these very difficult times.

(3.10) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Center for Juvenile and Criminal Justice, Inc. (CJCJ), in the amount of $249,250, to provide substance abuse recovery services targeting San Francisco male parolees over 18 years old, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Monfredini expressed concern about the lateness of FY 01-02 audit, which was due in December 2002. Dan Macallair, CJCJ Executive Director, said that it took the agency some time to catch up on its audits. The FY 02 audit is almost complete. From this point forward, the agency will meet all fiscal and administrative requirements on time. Commissioner Monfredini asked for a report to the Community Health Network Joint Conference Committee when the audit is complete.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved the Budget Committee Consent Calendar.

Walden House (Item 3.9) will continue to provide monthly reports to DPH staff.

Item 3.7 was referred to the Population Health and Prevention Joint Conference Committee for a follow up report.

Item 3.10 was referred to the Community Health Network Joint Conference Committee for a report once the audit is complete.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

McMillan Sobering Center

The McMillan Sobering Center has generated a great deal of attention since its opening earlier this year. The staff has been very generous with their time, allowing reporters occasional access and sharing what has been learned about opening the Center with professionals from across the country. Tonight at 11 p.m. and repeating Wednesday night at 5 p.m., Mike Sugarman from KPIX TV, Channel 5, will be showcasing the Center during those news hours. While the specifics are not certain or what the final story will have to say about the efforts being made through the McMillan Sobering Center, DPH is confident that the program and services will reflect a positive image.

DPH's Charity Care Report in the Media

Several local media outlets covered the Department's charity care report and the hearing on the subject at the last meeting. The San Francisco Business Times wrote the most extensive article. A small article also appeared in the San Francisco Chronicle, which was picked up by California Healthline, the daily health update sponsored by the California Healthcare Foundation, and DPH was contacted by The Examiner for a future article. Additionally, KTSF, Channel 26, taped part of the hearing for their Chinese-language programming. The Board of Supervisor's has expressed an

interest in holding a follow up hearing early next year. Dr. Katz will keep the Commission informed as more information becomes available.

Maxine Hall Grand Re-Opening

The Commissioners will be receiving an invitation to a grand re-opening of the newly renovated Maxine Hall Heath Center and Westside Methadone Maintenance and Detox Center scheduled for December 10th from 1pm to 4pm. Thanks go to Marcellina Ogbu, Center Director, her staff and Mark Primeau, Project Manager, for seeing the project through to completion.

Healthy Kids

The San Francisco Health Plan's 2nd Annual Healthy Kids Appreciation Night was held on Tuesday, October 28th. A number of CHN Primary Care staff and programs were given special awards for their role in creating access to care for our patients:

2003 Healthy Kids Crystal Heart Award:
Hospital Eligibility Workers (2908s)
Lola Escobar, SFGH
Sharon Kong, Noreen Lum and Maria Quevedo of Community Primary Care
2003 Healthy Kids Clinic Certificate of Excellence:
Chinatown Public Health Center
San Francisco General Hospital
Silver Avenue Family Health Center
2003 Healthy Kids Health Hero Award
Patricia Pérez-Arce, Ph.D., past Primary Care Administrator, Director of CMHC
Sharon Thyne, M.D., Medical Director of Children's Health Center, SFGH

Assembly Bill (AB) 846 – New Smoking Law

On January 1,2004 a new law affecting public building goes into effect. The new law prohibits smoking within 20 feet of main entrances, exits, and operable windows of any building owned, leased, and occupied by the state, county, or city, and buildings of the University of California, California State University, and California community colleges. The previous law prohibits smoking within five feet of the doorways of these buildings.

Commissioners' Comments

- Commissioner Parker is pleased that the Board of Supervisors is interested in holding a hearing on the Charity Care report. This report should be used to demonstrate that the Department needs more resources.

- Commissioner Chow expressed appreciation that the San Francisco Health Plan held an appreciation night.

5) FIRST QUARTER FINANCE REPORT

Gregg Sass, DPH Chief Finance Officer, presented the first quarter financial report (Attachment A). The report projects revenues and expenditures for fiscal year 2004, based on revenue collected and billed, and expenses incurred for the first three months of the fiscal year. Unless the Department institutes a decrease in spending rate, it will end the year with a deficit of $5.11 million. Projections include revenue surplus of $3.432 million in over expenditures of $8.533 million. Mr. Sass

presented financial information by division, and presented a deficit reduction plan to enable the Department to balance its budget by year-end. The plan consists of:

- $2.3 million in projected additional cost report settlements anticipated at SFGH and Primary Care
- $2.325 in other expenditure savings including anticipated contractual savings due to underutilization of services and deferral of certain new initiatives.
- Close unexpended balances in two capital projects: $261,000 for the Laguna Honda Roof Replacement and $215,000 for the SFGH lobby restroom.

Commissioners' Comments

- Commissioner Chow asked why workers' compensation expenses are such a large part of the projected deficit, and why are the expenses largely in Primary Care. Dr. Katz said that the City's Human Resources Department, not DPH, does the projections. They are actuarial estimates that can be skewed by buyouts of certain claims. DPH has made a number of suggestions to the City Attorney about how to control costs. Dr. Katz pointed out that the $5 million projected deficit is a relatively small variance for this early in the year. His concern is what is going to happen in January and February.

6) AIDS OFFICE UPDATE

Jimmy Loyce, Deputy Director of Health, AIDS Programs, presented the 2003 AIDS Office Report. The AIDS Office has four sections: Prevention; Health Services, Research; and Statistics and Epidemiology. The focus of this year's report is epidemiology and research, to provide a context for the myriad HIV/AIDS prevention programs and direct services.

HIV Prevention Challenges

- New funding guidance from CDC and the State of California will require new RPF for all prevention contracts in 2004.
- New data suggested more targeted prevention efforts and provides a challenge for long time community agency-partners, the AIDS Office will provide training and technical assistance to help these partner agencies remain relevant and competitive.
- Increased HIV infection among African American MSM is significantly among those not identified as gay. Men who do not identify are hard to reach.
- CDC and federal guidelines that limit the scope language used in health promotion and risk reduction messages will require San Francisco to maintain our commitment to culturally and linguistically appropriate education and information.

HIV Health Services 2003 Accomplishments

- The Title I Award
- Standards of Care were developed for the major service categories
- The HIV Planning Council has allocated funds to support a community planning process aimed at enhancing primary care services for African Americans in the San Francisco Hunter's Point Bay View district
- Prevention for Positives
- Funding for Office of Minority Health
- Title III capacity building grant from HRSA

Dr. Sandy Schwarcz presented the 2003HIV/AIDS Epidemiology Report. Dr. Schwarcz presented data on cumulative AIDS cases in San Francisco, annual AIDS incidence rates since 1993, for both males and females, survival curves and HAART use by neighborhood. The survival rate for African Americas with AIDS is worse than for other groups. Dr. Schwarcz said HAART use predicts better survival and African Americans initiate HAART later in the course of the disease. HAART use is lower among residents of low-income neighborhoods, and African Americans tend to reside in low-income neighborhoods. Dr. Schwarcz discussed the history of HIV transmission in San Francisco and the HIV incidence among MSM seeking HIV testing.

Conclusions and Challenges

- New AIDS cases and deaths declining
- Number of persons living with HIV/AIDS increasing
- Increased demands for prevention, health and social services
- Need to address disparities in HAART use to improve survival for all
- HIV risk behaviors and incidence may be stabilizing but need to expand efforts to monitor the leading edge of the epidemic

Dr. Susan Buchbinder, AIDS Research Section, discussed what staff is learning about HIV risks and strategies to reducing HIV infection rates. Research moved from observation studies in the early 1980s to mid-1990s to testing interventions. The main target population is MSM but also testing interventions that may work across populations and in sister sites in Zimbabwe and Puerto Rico. The research focuses on interventions with the greatest likelihood of reducing HIV infection rates. Dr. Buchbinder presented the HIV prevention approaches: behaviors, focused on sexual practices and reducing substance abuse; vaccines; STDs; microbicides; and antiretrovirals.

Research Challenges

- Finding ways to help people make and sustain behavior change
- Involving at-risk communities in research studies
- Speed in testing new strategies; speed in implementing old strategies
- Possibility that political concerns will limit research.

Mr. Loyce concluded by summarizing AIDS Office challenges.

Public Comment

- Hank Wilson said that poppers were promoted at the Folsom Street Fair, and asked the Department to inquire of the organization that sponsors the fair about this practice. He also asked the Department to inquire of the Federal Trade Commission about allowing the widespread advertising of poppers. He also asked that the annual report include a statistic about the number of homeless individuals who have AIDS.

Commissioners' Comments

- Commissioner Guy applauded the approach of providing the epidemiology and research context. However, there is clearly the challenge of diminishing resources and even though this was not an emphasis of the report, it should not be forgotten.

- Commissioner Chow said there has been much discussion about infection rates in and services to the youth population, but did not see it in this report. Dr. Schwarcz said that AIDS cases occur a long time after HIV infections, so they expect AIDS cases to be in older individuals. They see new HIV acquisition in gay men in their mid 20s to mid 30s. The Annual Epidemiology Report does document homeless individuals with HIV/AIDS.

- Commissioner Umekubo asked the amount of the funding decrease over the last year. Mr. Loyce said that grant funding fluctuates from year to year. The CDC is beginning to cuts its research dollars. Commissioner Umekubo asked how the CDC approaches primary prevention. Mr. Loyce said that the CDC is becoming less inclined to fund primary prevention and moving toward funding more medicalized prevention. Mr. Loyce said there has never been a longitudinal study on the effectiveness of primary prevention approaches. Commissioner Umekubo asked if AIDS dementia has decreased. Dr. Schwarcz said cases still occur. Dr. Katz said that antiretrovirals have greatly decreased the number of individuals with AIDS dementia. Ms. Long said that the Health Service Section is examining the issue of clients who have dementia, but not AIDS-related dementia.

- Commissioner Parker said the report is encouraging in that San Francisco's rates are declining and people are living longer compared to the rest of the country. He asked if there is any data that indicates that infected individuals are coming from other cities. Mr. Loyce said that there is anecdotal data that the African Americans go to San Francisco, Oakland, San Mateo and other cities to socialize. So there needs to be a regional approach. Commissioner Parker asked how inmates receive education, information and services about AIDS. Mr. Loyce said the AIDS Office works with Centerforce to provide all new inmates with AIDS information.

7) FEDERAL AND STATE LEGISLATIVE UPDATE

This report was continued to the December 16, 2003 Health Commission meeting.

8) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES, (HOSPITAL PLAN FOR THE PROVISION OF PATIENT CARE, IN-PATIENT UTILIZATION REVIEW PROGRAM, PERFORMANCE IMPROVEMENT AND PATIENT SAFETY), AND PRESENTATION OF EMPLOYEE PERFORMANCE AND COMPETENCY REPORT AND ENVIRONMENT OF CARE SAFETY ANNUAL REPORT

Gene O'Connell, Executive Administrator, SFGHMC, provided the introduction to the various reports. John Luce, M.D., summarized the changes to the Administrative Policies and Procedures. The major changes to the Hospitals Plan for the Provision of Care is that the information in the plan was reorganized per 2004 JCAHO standards, updated statistics on the communities served by the hospital is included and there are added sections on education of patients and family, medication management, management of environment of care and information systems, competency assessment for non-medical staff and infection control surveillance. The major changes to the Performance Improvement and Patient Safety Program is that a reference to HIPAA has been added and it now includes PIPS, Executive Committee and Medical Director of Quality Management roles in review and oversight of the Tertiary Care Contract and managed care programs. These two changes were also made to the Inpatient Utilization Review Program. In addition, the additional responsibilities to the Supervising Nurse Manager were added, as well as a Bridge to Wellness to the Psychiatry Utilization Review Plan.

Rod Auyang presented the Employee Competency Report. As of October 31, 2003, 97 percent of performance appraisals for CCSF SFGH employees had been completed. Employees exceeded or met standards at least 98.2% of the time in all areas. The performance evaluations with "unmet expectations" ratings showed three primary reasons for the need for improvement: time management, communication and quality of work. Human Resources works with managers to ensure that developmental plans and monitoring are in place, particularly for direct patient care staff.

Mr. Auyang also discussed recruitment and retention measures. Future challenges include State-mandated nurse-patient staffing ratios in inpatient settings effective January 1, 2004 and analysis of the correlation between vacancies/attrition and clinical and service indicators, which is now required by JCAHO.

Linda Henson presented the Environment of Care Report. FY 02-03 focused on security management. Accomplishments include:

- Implemented main lobby security system – 94 percent of staff found wearing badges during EOC safety rounds.
- Developed one-day badge system
- Secured access to the main hospital and outer buildings via tunnels
- Secured access to hazardous waste shed
- Implementing card key system

Other issues include:

- Continue to address and review smoking policy violations
- Citywide master contract prepared for disposal of medical waste
- Need to replenish shortage of N95 respirators
- Need funds for nurse call system repair and elevator upgrades
- Approved loan for power plant upgrades
- The transfer of DPH Institutional Police to Sheriff's Department is completed

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved amendments to the SFGH Administrative Policies and Procedures, specifically the Hospital Plan for the Provision of Patient Care, Inpatient Utilization Review Program and Performance Improvement and Patient Safety Program, and accepted the Employee Performance and Competency Report and the Environment of Care Safety Annual Report.

9) APPROVAL OF A SUPPLEMENTAL APPROPRIATION FOR THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT

Gregg Sass, DPH Chief Financial Officer, presented a request for approval of a $211.5 million supplemental appropriation for Laguna Honda Replacement Program construction expenditures. The source of funds for this supplemental appropriation is General Obligation Bonds. No General Funds are requested. The requested supplemental appropriation will allow the encumbering of capital expenditures for the Replacement Program through December 2005. The LHRP project team has projected that the project will have to encumber $295 million through December 2005. The Health Commission and the Board of Supervisors previously approved an $82.7 million

appropriation. The Mayor's Office of Public Finance anticipates introducing a bond sale resolution to the Board of Supervisors on December 9th.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker) approved the supplemental appropriation for the Laguna Honda Hospital Replacement Project.

Public Comment

- Patrick Monette Shaw (given verbally then submitted electronically) - A $14 million discrepancy exists between the $211 million in General Obligation Bonds Mr. Saas' memo states the LHH Project Team estimates needs to be issued and the $225 million the Department of Public Finance and Business Affairs will propose to the Board of Supervisors seeking another Supplemental Appropriation Ordinance. Commissioner Monfredini's excuse the $14 million is required to prevent "cash flow" problems is ludicrous; when bond instruments are signed, money becomes available instantly, so claiming "cash flow" is unbelievable. Surely you know the proposed settlement of Louise Renee's lawsuit regarding $25 million raided from the tobacco settlement fund to balance Mayor Brown's budget involves a $5 million gap; the tentative settlement allocates $20 million to the furniture, fixture and equipment project. Where is the missing $5 million, and why the $14 million discrepancy? Taxpayers hadn't voted to pass Prop A, as I did, permitting misspending this combined $19 million.

10) PUBLIC COMMENTS

None.

11) ADJOURNMENT

The meeting was adjourned at 6:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Projected FY 2003-04 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 501,800,000	$ 505,288,000	$ 3,488,000	$ 501,800,000	$ 507,998,000	$ (6,198,000)	$ (2,710,000)
Laguna Honda	148,096,000	147,739,000	(357,000)	148,096,000	148,423,000	(327,000)	(684,000)
Primary Care	45,859,000	46,160,000	301,000	45,859,000	46,154,000	(295,000)	6,000
Health at Home	4,586,000	4,586,000	0	4,586,000	4,965,000	(379,000)	(379,000)
Jail Health	22,105,000	22,105,000	0	22,105,000	24,739,000	(2,634,000)	(2,634,000)
Public Health	90,322,000	90,322,000	0	90,322,000	89,422,000	900,000	900,000
Mental Health	168,349,000	168,349,000	0	168,349,000	168,349,000	0	0
Substance Abuse	64,662,000	64,662,000	0	64,662,000	64,262,000	400,000	400,000
Subtotal DPH	**1,045,779,000**	**1,049,211,000**	**3,432,000**	**1,045,779,000**	**1,054,312,000**	**(8,533,000)**	**(5,101,000)**
Reduction Plan		2,300,000	2,300,000		(2,801,000)	2,801,000	5,101,000
TOTAL DPH	**$ 1,045,779,000**	**$ 1,051,511,000**	**$ 5,732,000**	**$ 1,045,779,000**	**$ 1,051,511,000**	**$ (5,732,000)**	**$ -**

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

DEC 12 2003

SAN FRANCISCO
PUBLIC LIBRARY

12-12-03A09:18

HEALTH COMMISSION MEETING

Tuesday, December 16, 2003
at
3:00 p.m.
Gerald Simon Auditorium*
375 Laguna Honda Boulevard
San Francisco, CA 94116-1411

PLEASE NOTE CHANGE IN LOCATION FOR THIS MEETING.
THE BUDGET COMIITTEE MEETING WILL ALSO MEET AT LAGUNA HONDA.

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF DECEMBER 2, 2003**
**Minutes of December 2, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)
Report

(3.1) **PHP-CHPP** – Request for approval of a retroactive contract modification with International Institute of San Francisco, in the amount of $210,505, for an increased contract total of $274,537, to provide refugee preventive health services to refugees of all ages, for the period of July 1, 2003 through September 30, 2004.
* *Calendaring request memo*

(3.2) **PHP-CHPP** – Request for approval of a retroactive contract renewal with San Francisco Study Center, in the amount of $133,300, to provide program support services to the DPH Violence Prevention Program, for the period of November 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Ark of Refuge, Inc., in the amount of $176,585, to provide HIV prevention education services targeting African American high-risk populations, for the period of January 1, 2004 through December 31, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with San Francisco Study Center, in the amount of $150,000, to continue the coordination of a community-wide HIV prevention planning process targeting the HIV prevention services provider community and HIV prevention services staff, for the period of November 1, 2003 through December 31, 2003.
* *Calendaring request memo, Final evaluation report*

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a contract renewal with San Francisco AIDS Foundation, in the amount of $765,621, to provide client advocacy, benefits counseling and emotional support services targeting low-income and/or homeless persons with HIV/AIDS in San Francisco, for the period of July 1, 2003 through June 30, 2004.
**Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.6) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $449,580, for the provision of mental health services targeting adolescents and youth, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Performance review letter*

(3.7) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $4,322,539, to provide mental health services to children, youth, families and adults residing in San Francisco, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.8) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Mental Health Management, Inc., dba Canyon Manor, in the amount of $4,538,881 per year for a total contract value of $9,077,761, to provide 24-hour locked mental health rehabilitation services, for the period of July 1, 2003 through June 30, 2005.
* *Calendaring request memo, Monitoring report summary, Plan of correction, Client demographic information form*

(3.9) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Crestwood Behavioral Health, Inc., in the amount of $4,311,936 per year for a total contract value of $8,623,872, to provide 24-hour skilled nursing facility services, for the period of July 1, 2003 through June 30, 2005.
* *Calendaring request memo, Monitoring report summary, Plan of correction, Client demographic information form*

(3.10) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $3,239,853 per year for a total contract value of $7,257,273, to provide mental health services, for the period of July 1, 2003 through June 30, 2005.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.11) **BHS-Mental Health** – Request for approval of a retroactive new contract with St. Vincent's School for Boys, in the amount of $377,191, to provide mental health outpatient services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Client demographic information form*

(3.12) **BHS-Mental Health** – Request for approval of a retroactive new contract with Sunny Hills Children's Garden Family and Children's Services, in the amount of $192,416, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.13) **BHS-Mental Health** – Request for approval of a retroactive new contract with Huckleberry Youth Programs, in the amount of $103,040, to provide mental health services for youth ages 7 through 18, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.14) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Curry Senior Services (previously known as North of Market Senior Services), in the amount of $568,019, to provide mental health and substance abuse outreach, outpatient and drop-in services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Corrective action plan and letter, Client demographic information forms*

(3.15) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $393,839 per year for a total contract value of $1,575,356, to provide substance abuse outpatient and prevention services, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Corrective action plan memo, Client demographic information forms*

(3.16) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $3,390,658, to provide substance abuse services targeting men and women of Asian/Pacific Islander descent, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report letters and summaries, Corrective action plans, Client demographic information forms*

(3.17) **CHN-Facilities** – Request for approval of the following thirteen (13) contract modifications and eleven (11) new contracts to increase the total combined contract amounts by $3,440,040, from $1,933,500 to $5,373,540, for the period of July 1, 2003 through June 30, 2005:

Service and Contractor(s)	Previous Amount	Modified Amounts	New Contract Amounts
	7/01/03-6/30/05		7/01/03-6/30/05
Air Duct Cleaning			
Air Duct Cleaning Specialists	$ 49,500	No Change	
Waters Environmental Services			$100,000
Carpentry			
Agbayani Construction	$100,000	$400,000	
Angotti & Reilly, Inc.	$200,000	$500,000	
Concrete			
Yerba Buena Engineering			$ 75,000
Door and Wall Protectors			
Elischer Construction	$ 35,000	$ 45,000	
Electrical			
Agbayani Construction	$300,000	$225,000	
McClure Electric			$450,000
Sierra Electric	$250,000	$350,000	
Fire Curtains Maintenance			
United California Glass			$ 50,000
Waters Environmental Services			$100,000
Flooring			
Anderson Carpet & Linoleum	$125,000	$275,000	
Floortrends, Inc.	$100,000	$150,000	
Glass Repairs			
United California Glass	$ 40,000	$ 90,000	
High Pressure Steam Cleaning			
Steam On Wheels	$ 49,500	No Change	
Landscaping			
Robert W. Poyas, Inc.	$ 35,000	$ 60,000	
The Shooter Co.	$ 50,000	$ 80,000	
Mechanical			
Bay City Boiler & Engineering			$ 50,000
City Mechanical			$100,000
Modular Furnishing Modification			
Galindo Installation & Moving			$ 40,000
Motorized Doors and Gates Maintenance			
United California Glass			$ 45,000
Painting			
William Decker & Co.	$75,000	$150,000	
Monticelli Painting	$75,000	$150,000	
Sabel Painting Co.	$100,000	$200,000	

Pigeon Abatement			
Birds Away	$ 49,500	No Change	
Plumbing			
Agbayani Construction	$ 50,000	No Change	
Pribuss Engineering	$ 100,000	No Change	
Roofing			
Acker & Guerrero Roof Co.	$ 150,000	No Change	
Lawson Roofing Co.			$100,000
Western Roofing Services			$100,000
Contingency (12%)			$1,040,040
Totals	$1,933,500	$2,675,000[(a)]	$2,250,040[(b)]
Total of Contracts Not Modified			$448,500[(c)]
Combined Totals (a+b+c)			**$5,373,540**

** Calendaring request memo, Contractor rates and information pages*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**
(Michael Lane, Project Manager, LHH Replacement Project)
**Update*

7) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL STRATEGIC PLANNING UPDATE**
(Larry Funk, LHH Executive Administrator)
** Update*

8) **FOR DISCUSSION:** **FEDERAL AND STATE LEGISLATIVE UPDATE**
(Colleen Johnson, Assistant Director, DPH Office of Policy and Planning)
** Update*

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Directions to LHH
Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor of the Main Building, from the main entrance to the left.

Disability Access
Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the East lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium. Muni metro subway, most motorbus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

If you require special listening devices, American sign language interpreters and readers, large print copy of agenda or other special services, please advise LHH's Nursing Office at (415) 664-1580, extension 2709, or by calling 759-2367, at least 72 hours prior to the meeting. Late requests will be honored if possible.

Please help accommodate individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities by refraining from wearing fragrances.

Public Transportation
You are encouraged to utilize public transportation. The Forest Hill Muni (surface/subway) Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage across from City Hall, (entrance on McAllister between Polk and Larkin streets, and day-long parking is available).

Motorbus lines *#36 Teresita, #43 Masonic, #44 O'Shaughnessy, and #52 Excelsior* serve the Forest Hill Station. You may transfer to the *#89 Laguna Honda* (wheel chair accessible) motor shuttle bus, which provides services 7-days a week, every 15 minutes, from 10:12 a.m. to 2:45 p.m., from the Forest Hill Station to the west entrance of the Main Building, to Clarendon Hall, and to the east entrance of the Main Building, adjacent to a wheelchair ramp. For more information about MUNI accessible services, call 923-6142.

Hospital Parking
Although it is possible to park in the neighborhood of the hospital – on Laguna Honda Boulevard and Clarendon Drive – nearby residential area parking is limited to 2 hours. Parking on the hospital grounds is free but limited. On hospital grounds you are welcome to park in any identified legal parking space, which does not carry a rectangular "reserved" sign over the space or block of spaces. Local parking regulations are strictly enforced. Once issued, SFPD tickets cannot be reversed as a "courtesy". Please be sure to observe all parking signs and marked curbs. Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon east parking lot.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's

business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689. Telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**. Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine.htm**

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

6/03

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JAN - 2 2004

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, December 16, 2003
at
3:00 p.m.
Gerald Simon Auditorium
375 Laguna Honda Boulevard
San Francisco, CA 94116-1411

1) CALL TO ORDER

The meeting was called to order by President Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini – left the meeting at 6:00 p.m.
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF DECEMBER 2, 2003

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the December 2, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting. Commissioner Monfredini noted that the Commission is interested in DPH's client satisfaction program, and will be looking at the program through the Community Health Network Joint Conference Committee.

(3.1) **PHP-CHPP** – Request for approval of a retroactive contract modification with International Institute of San Francisco, in the amount of $210,505, for an increased contract total of $274,537, to provide refugee preventive health services to refugees of all ages, for the period of July 1, 2003 through September 30, 2004.

(3.2) **PHP-CHPP** – Request for approval of a retroactive contract renewal with San Francisco Study Center, in the amount of $133,300, to provide program support services to the DPH Violence Prevention Program, for the period of November 1, 2003 through June 30, 2004.

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Ark of Refuge, Inc., in the amount of $176,585, to provide HIV prevention education services targeting African American high-risk populations, for the period of January 1, 2004 through December 31, 2004.

Commissioners' Comments

- The Budget Committee requested a 6-month report back to the PHP JCC. It is such a good program, and the Committee wants to make sure the program is successful. Commissioner Penn asked how the agency plans to use the lessons learned, and asked the agency to disseminate the information gleaned from their program analysis.

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with San Francisco Study Center, in the amount of $150,000, to continue the coordination of a community-wide HIV prevention planning process targeting the HIV prevention services provider community and HIV prevention services staff, for the period of November 1, 2003 through December 31, 2003.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a contract renewal with San Francisco AIDS Foundation, in the amount of $765,621, to provide client advocacy, benefits counseling and emotional support services targeting low-income and/or homeless persons with HIV/AIDS in San Francisco, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Penn encouraged the agency to improve outreach for the support groups to increase the diversity of group members.

Public Comment

- Patrick Monette Shaw (submitted in writing) - SFAF's tax returns show that the number of gay and bisexual men receiving one-to-one prevention case management has dropped every year: from 177 (in 1998), to 157 (1999), 116 (2000), 105 (2001), and 101 (2002) — from 177 to a pathetic 101. This is troublesome since the 2000 to 2002 contract stated for 2001 and 2002, 125 clients would be served each with prevention case management. According

to its tax returns, SFAF was short by 20 and 24 clients respectively, for an approximate 19% gap in the number of clients to be served. Also contracted to have provided case management services to 125 clients, SFAF appears to have been able to locate only 101 men in 2002 interested in having their gay lives case-managed by SFAF. Further, the 2000–2002 contract stated that 1,160 clients would be served by other non-case management components of the Black Brothers Esteem and Gay Life programs each year, yet Statement 6 of SFAF's tax return for the period ending in June 2002 boasted in that only 649 — not 1,160 — had received these services, leaving a reasonable person to wonder whether 511 clients (44% of those projected in the contract) simply went unserved. How can SFAF be reporting one set of data to the IRS, and possibly other data to DPH hoping to bypass the scrutiny of DPH's contract compliance officers' or this Health Commission's radar. Since SFAF has diverted $22.4 million to Africa in just two years (ending June 2002 and June 2003), it is time this Commission fully audit SFAF's books.

(3.6) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $449,580, for the provision of mental health services targeting adolescents and youth, for the period of July 1, 2003 through June 30, 2004.

Secretary's note – Contracts staff submitted a corrected contract summary sheet, correcting a mistake in the number of FTEs.

(3.7) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $4,322,539, to provide mental health services to children, youth, families and adults residing in San Francisco, for the period of July 1, 2003 through June 30, 2004.

Secretary's note – Contracts staff submitted a corrected contract summary sheet, correcting a mistake in the number of FTEs.

(3.8) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Mental Health Management, Inc., dba Canyon Manor, in the amount of $4,538,881 per year for a total contract value of $9,077,761, to provide 24-hour locked mental health rehabilitation services, for the period of July 1, 2003 through June 30, 2005.

(3.9) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Crestwood Behavioral Health, Inc., in the amount of $4,311,936 per year for a total contract value of $8,623,872, to provide 24-hour skilled nursing facility services, for the period of July 1, 2003 through June 30, 2005.

Commissioners' Comments

- Commissioner Monfredini requested that the client satisfaction tool used for this agency be part of the client satisfaction discussion at the CHN JCC. If the agency has any suggestions about how to improve the tool so it better meets the needs of the contractor and clients, please convey them to staff.

(3.10) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $3,239,853 per year for a total contract value of $7,257,273, to provide mental health services, for the period of July 1, 2003 through June 30, 2005.

(3.11) **BHS-Mental Health** – Request for approval of a retroactive new contract with St. Vincent's School for Boys, in the amount of $377,191, to provide mental health outpatient services, for the period of July 1, 2003 through June 30, 2004.

(3.12) **BHS-Mental Health** – Request for approval of a retroactive new contract with Sunny Hills Children's Garden Family and Children's Services, in the amount of $192,416, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2003 through June 30, 2004.

(3.13) **BHS-Mental Health** – Request for approval of a retroactive new contract with Huckleberry Youth Programs, in the amount of $103,040, to provide mental health services for youth ages 7 through 18, for the period of July 1, 2003 through June 30, 2004.

(3.14) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Curry Senior Services (previously known as North of Market Senior Services), in the amount of $568,019, to provide mental health and substance abuse outreach, outpatient and drop-in services, for the period of July 1, 2003 through June 30, 2004.

Secretary's Note - This item was continued at the request of staff to the next Health Commission meeting.

(3.15) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $393,839 per year for a total contract value of $1,575,356, to provide substance abuse outpatient and prevention services, for the period of July 1, 2003 through June 30, 2007.

(3.16) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $3,390,658, to provide substance abuse services targeting men and women of Asian/Pacific Islander descent, for the period of July 1, 2003 through June 30, 2004.

(3.17) **CHN-Facilities** – Request for approval of the following thirteen (13) contract modifications and eleven (11) new contracts to increase the total combined contract amounts by $3,440,040, from $1,933,500 to $5,373,540, for the period of July 1, 2003 through June 30, 2005:

Service and Contractor(s)	Previous Amount	Modified Amounts	New Contract Amounts
	7/01/03-6/30/05		7/01/03-6/30/05
Air Duct Cleaning			
Air Duct Cleaning Specialists	$ 49,500	No Change	
Waters Environmental Services			$100,000
Carpentry			
Agbayani Construction	$100,000	$400,000	
Angotti & Reilly, Inc.	$200,000	$500,000	
Concrete			
Yerba Buena Engineering			$ 75,000
Door and Wall Protectors			
Elischer Construction	$ 35,000	$ 45,000	

Electrical			
Agbayani Construction	$300,000	$225,000	
McClure Electric			$450,000
Sierra Electric	$250,000	$350,000	
Fire Curtains Maintenance			
United California Glass			$ 50,000
Waters Environmental Services			$ 100,000
Flooring			
Anderson Carpet & Linoleum	$ 125,000	$ 275,000	
Floortrends, Inc.	$ 100,000	$ 150,000	
Glass Repairs			
United California Glass	$ 40,000	$ 90,000	
High Pressure Steam Cleaning			
Steam On Wheels	$ 49,500	No Change	
Landscaping			
Robert W. Poyas, Inc.	$ 35,000	$ 60,000	
The Shooter Co.	$ 50,000	$ 80,000	
Mechanical			
Bay City Boiler & Engineering			$ 50,000
City Mechanical			$ 100,000
Modular Furnishing Modification			
Galindo Installation & Moving			$ 40,000
Motorized Doors and Gates Maintenance			
United California Glass			$ 45,000
Painting			
William Decker & Co.	$ 75,000	$ 150,000	
Monticelli Painting	$ 75,000	$ 150,000	
Sabel Painting Co.	$ 100,000	$ 200,000	
Pigeon Abatement			
Birds Away	$ 49,500	No Change	
Plumbing			
Agbayani Construction	$ 50,000	No Change	
Pribuss Engineering	$ 100,000	No Change	
Roofing			
Acker & Guerrero Roof Co.	$ 150,000	No Change	
Lawson Roofing Co.			$ 100,000
Western Roofing Services			$ 100,000
Contingency (12%)			$1,040,040
Totals	**$1,933,500**	**$2,675,000[a]**	**$2,250,040[b]**
Total of Contracts Not Modified			**$ 448,500[c]**
Combined Totals (a+b+c)			**$5,373,540**

Secretary's note – A revised report was submitted to the Budget Committee, correcting the contract totals. The new title is: "Request for Approval of Thirteen (13) Contract Modifications and Eleven (11) New Contracts to Increase the Total Combined Amounts by $2,920,020, from $1,933,500 to $4,853,520 for the Period of July 1, 2003 through June 30, 2005.

Public Comment

– Patrick Monette Shaw said if the funds for this contract were not included in the DPH budget, then the item should be tabled.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved Items 3.1 through 3.6, 3.10 through 3.13, and 3.15 through 3.17 of the Budget Committee Consent Calendar.

At Commissioner Parker's request, Items 3.7, 3.8 and 3.9 were voted on separately. The Commission (Chow, Guy, Monfredini, Penn, Umekubo) approved these items, and Commissioner Parker, after noting dissatisfaction with the agencies' low Client Satisfaction ratings, voted no on these three contracts.

Item 3.14 was continued to the next Health Commission meeting.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

City Budget Process
The Mayor's Office issued initial budget instructions for the remaining six months of FY 2003-2004 and for development of the FY 2004-2005 budget.

Current Fiscal Year
Due to the State's fiscal crisis, the City currently faces additional possible losses in State funding in FY 2003-2004. These losses range from $25 million from the local impact of the Governor's mid-year reduction proposal to $92 million from the potential loss of vehicle license fee revenues. This is in addition to the $52 million in State revenue losses to date.

General Fund Departments have been instructed to prepare a prioritized State budget contingency plan by January 16th. The plan is to address the possible loss of 7.5% of our currently year General Fund support or approximately $19 million. Given the likely severity of these reductions, the savings may be a mix of ongoing and one-time adjustments, with an implementation date of April 1st. It is expected to know more about the need to implement the plan by the end of January when the backfill funding for the vehicle license revenues and the Governor's mid-year cuts are reviewed by the Legislature.

In addition to the contingency plan, the Mayor has instructed departments to lower the budgeted rate of attrition to 6% or lower by eliminating vacant positions and reducing attrition savings rates. The list of vacant position elimination is due January 16th.

FY 2004-2005 Budget Preparation
Assuming there are no additional State losses and the current levels of employee take-home pay, the Mayor's Office is projecting a $160 million local shortfall for FY 2004-2005. While this is less than previous years, it hinges on successfully renegotiating the majority of the City's 40 labor agreements.

The major components of the shortfall are the reduction of the starting balance and reserves totaling $40 million, loss of one-time revenue sources totaling $65 million, fixed labor cost increases and benefit cost increases totaling $80 million and debt, welfare and other cost increases of $30 million and growth in the City's general revenue totaling $55 million. There is, however, significant budget

uncertainty in the State budget in FY 2004-2005, and the City's Retirement Board is currently considering actuarial assumptions changes that may increase the employers contribution rates by as much as $50 million.

The Mayor's Office has instructed departments to assume the absorption of a target equal to citywide benefit cost increases, which total $55 million citywide within their General Fund target. Although DPH does not have the final numbers, it is expected that this will be approximately 5.5% of the General Fund subsidy or approximately $14 million. Only ongoing changes may be proposed. In addition, departments are instructed to submit a State contingency plan equal to 15% of the budget year General Fund support or $35 million.

Flu Vaccines

Beginning in early December, the Adult Immunization Clinic (AIC) began to see a significant increase in demand for flu shots. In the six days between December 5th and December 12th, the AIC gave out 2,244 doses of flu vaccine to the public. Friday, December 12th, was the busiest day with the AIC giving out 472 doses of flu vaccine within seven hours.

Due to the severity of influenza cases this year and the deaths of children from influenza, most pediatric offices were out of vaccine. Parents came in large numbers to the AIC to get vaccine for their children. The AIC, which generally provides vaccination services to adults, changed its children's vaccination policy to accommodate the needs of parents requesting the vaccine for their children. The AIC provided flu injections to individuals 15 months old and above. For children between the ages of six months and 15 months, the AIC provided pre-filled syringes of pediatric vaccine for parents to transport to their pediatrician's offices in order to avoid safety concerns in the event of egg allergies.

With the supplies of adult flu vaccine nearly depleted by Friday, December 12th, the Adult Immunization Clinic began restricting adult vaccine to high-risk individuals over the age of four. The remaining pediatric vaccine will still be offered to children between 6 months and 15 months, with 6 month through 15-month-old doses to be taken to the pediatrician.

As of today, DPH currently has 100 adult doses for high-risk individuals, and 220 pediatric doses for children between 6 months and 35 months. No additional adult vaccine can be purchased. However, an additional 100 doses of pediatric vaccine has been ordered and will be delivered in early January 2004. The AIC will continue to offer pediatric doses to children who are between 6 months and 35 months of age and the AIC will give priority for children who have not received their first dose for this year.

Flu Season Press Conference

Dr. Susan Fernyak, Director, Community Health Epidemiology and Disease Control, is hosting a press conference tomorrow morning to highlight the Department's recent activities regarding the current flu season. Today, all San Francisco medical providers received an Influenza Health Advisory asking that clinicians report certain categories of laboratory confirmed cases of the flu to the Department. Additionally, DPH is advising health care providers to institute a program of respiratory, and hand hygiene in waiting rooms to minimize transmission. This will involve making available respiratory masks for patients presenting with symptoms of respiratory illness. Finally, because of the shortage of vaccine, DPH is directing health care providers to vaccinate only those individuals at high risk, which includes children age six to 24 months, adults age 65 and over, pregnant women in second or third trimester, and persons over age two with underlying chronic conditions. A second category of priority recipients are household contacts of high-risk persons and

health care workers. Dr. Katz will keep the Health Commission informed of any trends or changes as the flu season evolves.

New Grants Process

This month the Department released a redesigned online Grants Application Tool, available to all staff through the Intranet. The new Grants home page highlights four main areas, including:

Grant Information and Resources: Contains links to federal funding sources, foundations, and websites offering technical assistance.

Abe's E-mail Report: Lists funding opportunities through government and private sources.

Grants Handbook: This new handbook fosters Department-wide understanding of how to obtain and manage grant funding.

Grants Information Tracking System (GITS): This new online system saves staff time by automating important parts of the process. The Behavioral Health Unit will pilot GITS beginning this month before it is unveiled to the Department in Spring 2004.

Women's Health Fair

Tom Waddell Health Center held it's Second Annual Women's Health Fair on December 9th. Included in the fair was the UCSF Mammovan, a self breast exam teaching station, PAP exams, massage, and information booths sponsored by community based organizations for women. There was also a group session titled "Self Care and Relaxation: the Mind Body Connection." More than 50 women participated in the event and each one received a gift bag with donated soaps, lotions, and cosmetics.

Public Health Nurses Nominated for DHS Award

Congratulations to Leah Thiebaut and Lannie Heaney, DPH Foster Care Public Health Nurses for being recognized by San Francisco's Department of Human Services (DHS) as "DHS Star Performers". This award is usually intended for DHS employees, however, these individuals from DPH Foster Care were nominated for their role as vital partners in the smooth and efficient delivery of health care services for children in foster care.

Harvesting Health Art Contest

The Occupational and Environmental Health (OSH) Section is pleased to announce that 15 winners were chosen for the "Harvesting Health: Food, Health and the Environment" art contest. The art contest, which was sponsored by the American Public Health Association Local Host Committee, the San Francisco Food Systems Council, and DPH's OSH Section, solicited artwork from students in the San Francisco Unified School District that illustrated how growing, sharing and eating good, nutritious food contributes to the health and well-being of communities and populations. The overall aim of the contest was to increase awareness of and respect for how good food is grown, processed, eaten and recycled. Winning entries are on display throughout the month of December at the San Francisco's Main Library in the Children's Section. In addition, winning artwork can be viewed by clicking on the "Harvesting Health Art Contest winners" link located on the San Francisco Food Systems website at: www.sffoodsystems.org.

Community Health Network/San Francisco General Hospital
Credentials Report

December 2003
Health Commission – Director of Health Report
(From 12/08/03 MEC and 12/16/03 HC)

	12/03	7/03 to 12/03
New Appointments	8	89
Reinstatements	0	0
Reappointments	24	158
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	13	70
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	2	69
Voluntary Relinquishments	0	1
Proctorship Completed	27	67
Current Statistics – as of 12/1/03		
Active Staff		428
Affiliate Professionals (non-physicians)		170
Courtesy Staff		524
Total Members		**1,122**
Applications In Process	13	
Applications Withdrawn Month of Jan 2003	2	8
SFGH Reappointments in Process Def 2003 to Mar 2004	2175	

Commissioners' Comments

- Commissioner Monfredini commended the extraordinary staff of the Adult Immunization Clinic.

- Commissioner Chow asked that a copy of the flu advisory be sent to all the Commissioners. He asked for a further explanation of budget shortfalls for the current fiscal year and the next fiscal year. Gregg Sass, DPH CFO, said that the worst-case scenario for this fiscal year is $19 million. However, since the Mayor's Office has asked for this savings is to be achieved in one quarter, the on-going impact could be fourfold. In terms of next year's budget, Mr. Sass said that over

the past two years, DPH has had significant revenue surpluses to cover costs. This option might not be available this year. Second, staff is analyzing structural issues that need to be funded in the baseline, for example Jail Health and the upcoming nurse/patient ratios, which add up to $20 million. Further, DPH has been asked to absorb approximately $14 million in benefits increases, and finally propose cuts of $35 million.

- Commissioner Guy asked if flu information is on the website. Ms. Kronenberg said that the flu advisory would be posted on the web. Commissioner Guy asked if there have been any deaths in San Francisco attributed to the flu. Ms. Kronenberg said no. (Dr. Terry Hill, Laguna Honda Hospital Medical Director, clarified later in the meeting that there had been a flu-related death at LHH.)

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER

Commissioner Umekubo presented the employee recognition awards.

Individual Awardees	Division	Nominated by
Ghodsy Davary, RN	Laguna Honda Hospital Housekeeping Department	Mivic Hirose Dr. Timothy Skovrinski Dr. Brenda Austin Lucy Fisher
Maxwell Chikere, General Service Manager	Laguna Honda Hospital Housekeeping Department	Robert Christmas; LHH, Chief Executive Officer

Team Awardees	Division	Nominated by
Laguna Honda Hospital Quality Management Team		
Frank Dunn Regina Gomez, RN John Hollingsworth, PhD Lenora Jacob, RN, MSN Jose Lopez Serge Teplitsky, RN Madonna Valencia, RN	Laguna Honda Hospital Dept. of Quality Management	Larry Funk, LHH, Executive Administrator

6) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

Michael Lane, Project Manager, Laguna Honda Hospital (LHH) Replacement Project, presented an update on the Laguna Honda Hospital Replacement Project. He reiterated the vision for the Project: the facility will provide housing and a complete continuum of long-term healthcare services. It will be among the most innovating, technologically advanced, efficient, flexible, humane and natural facilities in the work. It will, by design, encourage rehabilitation and independent living while setting the standard for enhancement of the quality of life. Mr. Lane provided examples of how the new facility will reflect the vision statement.

Mr. Lane overviewed the project risks as the project moves forward. The two biggest risk areas are budget and schedule. The project team is undertaking a risk analysis that will identify the areas of greatest risk for both areas. Budget variables include subcontractor costs, insurance costs, additional design services, activation cost, change orders during construction and FFE funding availability. Schedule variables include delays in the work, OSHPD approvals, other regulatory approvals such as PG&E, UCSF lease for the laundry facility, weather and unforeseen underground conditions.

Mr. Lane then showed the Commission a virtual tour of the new facility.

Commissioners' Comments

- Commissioner Monfredini asked for clarification about the problem with the contractor. Mr. Lane said that the retention of a general contractor would expedite the contracting and construction process. They needed authority from the Board of Supervisors to take this approach.

- Commissioner Penn asked how minority and women owned subcontractors would be involved in the project. Mr. Lane said that the Human Rights Commission established minority-participation goals for the project. In January, they will embark upon community outreach to educate both minority and women-owned contractors and other local contractors about the project and the process.

- Commissioner Guy pointed out that there will be a new Mayor, a new administration and, over the next few years, new members of the Board of Supervisors. She is pleased that there will continue to be detailed mockups of the rooms because they serve as important educational tools. She asked about the challenge facing the laundry lease. Is this a major challenge, or something that can be taken care of quickly? Mr. Lane said he thinks they have overcome the major challenges. She asked what the greatest challenges are for the next twelve months. Mr. Lane said the CM at risk analysis is relatively new for the city, and this will show where the greatest challenges will be.

- Commissioner Chow asked if Internet access would be available throughout the hospital. Mr. Lane said they are currently focused on having the capability but have not worked through the operational issues. For example, there will be the capability to have Internet access at the bedside, but how this will work is still in progress.

- Commissioner Parker asked if there are local hiring goals. Mr. Lane said that there are local M/WBE goals have already been established that will be part of the CM at risk. In addition, the contract manager has internal goals for hiring local firms. Also, the City and County of San Francisco has a 50 percent local hiring goal. Commissioner Parker asked if there is a reserve fund in case the project runs over budget. Mr. Lane said there is no reserve fund, so in the event that this happened, there would first be additional value engineering and then they'd look at scope reduction. The best information they have now indicated they won't have to take these steps.

- Commissioner Umekubo commented that he and Commissioner Sanchez have the honor of serving on the LHH JCC. They have been pleased with how the project is proceeding. He stated that the OSHPD staffing shortages have been a big concern to the JCC, and asked Mr. Lane to comment. Mr. Lane said that this has been a very problematic issue. They have already paid $4 million in fees, yet cannot get service. They should have gotten their first increment

permits in November, and haven't yet received them. They are now having problems with increment two. The team continually meets with and talks to OSHPD. Larry Funk has been involved through the California Healthcare Association, and has been lobbying the Governor's Office. OSHPD does not have the resources to support the Laguna Honda project.

- Commissioner Monfredini asked if the State cashed the DPH check. Mr. Lane said yes. Commissioner Monfredini said this is unconscionable.

- Commissioner Parker asked if there is a commitment to the assisted living facility. Mr. Lane said that the Mayor's Office of Housing has committed $15 million, and they are confident they will be able to find a partner to develop this project. Mr. Funk said that the 140 Assisted Living Facility would be a new part of the continuum of care. The existing tenants will have all been transitioned into the new facility.

- Commissioner Guy said that challenges should continue to be brought to the Health Commission's attention through the LHH JCC. Mr. Funk said that the CHA has been effectively lobbying the Governor's Office about the OSHPD issue, because the Governor understands that the hospital projects that are being delayed at OSHPD will provide jobs and help jumpstart the California economy.

7) LAGUNA HONDA HOSPITAL STRATEGIC PLANNING UPDATE

Larry Funk, LHH Executive Administrator, presented an overview of the strategic planning process undertaken by Laguna Honda Hospital. LHH initiated a strategic planning process that included three retreats and several workshops. Six goals for 2003-04 were developed through consensus at these meetings. There are myriad benefits of defining specific strategic goals for LHH, including:

- Demonstrating that LHH goals are consistent with the DPH Strategic Plan
- Providing clear direction for decision making and action in an uncertain legislative and budgetary environment
- Garnering resources and recruiting personnel
- Evaluating the effectiveness of LHH and its services
- Differentiating LHH as a public health institution from other health care facilities
- Symbolizing LHH's commitment to all aspects of public health
- Recognizing LHH's special obligations as part of the DPH integrated safety net

The Strategic Goals are as follows:

Goal 1 – LHH will focus on recruitment, retention and professional staff development
Goal 2 – LHH will continue to enhance fiscal/resources accountability and advocacy.
Goal 3 – LHH will continue to provide comprehensive patient care planning and programming that enhances access and quality of care.
Goal 4 – LHH will continue development and implementation of the LHH Performance Improvement Plan
Goal 5 – LHH will support the design, implementation and evaluation of a new information system supporting the continuum of care in partnership with Siemens Corporation and other DPH departments.
Goal 6 – LHH will develop a systematic approach to successfully operationalize the LHH Replacement Project.

LHH staff, including Mr. Funk, Terry Hill, M.D. Medical Director, Mary Louise Fleming, Director of Nursing, and Mivic Hirose, Assistant Director of Nursing, provided specific examples of how each strategy would be implemented.

Next Steps

- Refine goals with input from the Health Commission
- Produce plans for each new program
- Identify desired outcomes and performance criteria
- Develop budget proposal for each program
- Implement proposals and evaluate outcomes
- Progress reports to DPH Administration, LHH JCC and Commission
- Continue to collaborate on strategic planning with other DPH divisions
- Adjust the LHH Strategic Goals as indicated by data

Commissioners' Comments

- Commissioner Chow applauded staff for moving the focus from solely long-term care to integration within the DPH continuum of care.

- Commissioner Monfredini asked if the LHH Foundation is a new 501(c)3. Mr. Funk replied that the foundation is now established and the bylaws are being drafted. The hope is that the foundation will be up and running by April. Commissioner Monfredini asked if JCAHO accreditation is required for long-term care facilities. Mr. Funk said it is not required, but staff wants to evaluate whether accreditation would benefit the facility. Commissioner Monfredini suggested offering services to residents of the facility to help them accept and process the fact that they will be moving into a different, albeit nicer, home.

- Commissioner Chow asked that the foundation bylaws be presented to the LHH Joint Conference Committee and the Health Commission. He would also like the donations report to the Commission in the same manner that the SFGH Foundation donations are reported.

- Commissioner Umekubo said it is nice to be back on the LHH JCC. This is a very vibrant time for LHH. The institution wants to change its image from a custodial facility to a more dynamic program that focuses on reintegrating people into the community. This takes time and resources. He said the focus of the JCC has been to ensure quality of care and patient safety and discuss quality initiatives, as well as action plans, at each meeting. The consensus and mindset is that there is always room for improvement.

- Commissioner Penn applauded staff for laying out a seamless, integrated plan. He was unaware of the amount of research that happens at LHH and encouraged staff to continue to allow this to flourish.

- Commissioner Parker said he has seen more improvement at LHH in the last two years than in the 15 years he has been involved with the institution. He feels comfortable with the quality of work and the direction for the future. One critical issue that has not been addressed at the national, state or local level is the nursing shortage. People keep talking about the problem, but there has been no improvement. Something dramatically different needs to be done. Mary Louise Fleming, Director of Nursing, described the efforts that LHH is taking to address the shortage.

- Commissioner Guy thanked leadership for taking LHH into the 21st century. The complexity of the patient population in light of cultural norms, standard of care and staff training is a challenge. The Commission understands this. What are the biggest challenges and concerns at the clinical level? Dr. Terry Hill said the main issue is having adequate staffing on the units. The facility is understaffed even to meet the needs of the average nursing home patients. LHH patient population is vastly more complicated. Dr. Tim Skovrinksy said there is a large block of residents between the ages of 40 and 50 with multiple psychosocial problems with underlying medical issues.

- Commissioner Chow asked if LHH had a resident immunization program. Dr. Hill replied that there has been a strong resident immunization program at the facility, and the focus the past few years has been on staff immunization. However, the efficacy in the vaccine in the frail elderly is 30-60%. Commissioner Chow requested a marketplace study on rehabilitation services, and added that LHH's innovative programs could be attractive to philanthropies and other funders.

8) FEDERAL AND STATE LEGISLATIVE UPDATE

Colleen Johnson, Assistant Director, DPH Office of Policy and Planning, presented the State and Federal Legislative Update.

As set forth in the Strategic Plan, the Department's advocacy objectives are to:

- Increase funding for core public health;
- Support the costs of caring for the safety-net populations;
- Address unnecessary eligibility disparities in categorical funding; and
- Increase revenues and reimbursement rates consistent with the Department's other Strategic Planning goals and objectives.

Ms. Johnson summarized significant Federal legislation including Medicare Prescription Drug legislation, Medicaid DSH, 340B Inpatient Drug Pricing and the Community Access Program. Ms. Johnson also provided an update on the Federal Budget.

Medicare Drug Benefit

Access to affordable prescriptions for individuals covered by Medicare has been one of the most noteworthy legislative issues in the last year. This was the subject of contentious negotiations in Congress. The final bill, which was passed by Congress on 11/25 and was signed by the President on December 8, allocates $400 billion over the next 10 years, mostly for prescription drug coverage for 40 million people 65 and older or disabled. The primary provision of the legislation is the drug benefit.

Medicaid DSH

Due to legislation passed long before the current economic crises, DSH allotments nationwide decreased by over $1.1 billion (over 11.5 percent of the program) from 2002 to 2003. This decrease is commonly referred to as the DSH "cliff" and, without remedy, will have a significant negative impact on the Department and other safety net providers in California. The DSH cliff was expected to reduce Medicaid revenues to California's safety net providers by $184 million per year, including a $6.2 million reduction to revenues at San Francisco General Hospital. Provisions in the Medicare bill gives all states a 16 percent increase in FY 2004 allotments over FY 2003 allotments.

340B Inpatient Drug Pricing

Many public hospitals, including San Francisco General Hospital, receive a significant discount on outpatient pharmaceuticals through the Public Health Service Act's 340B drug discount program. Public Hospitals that are allowed to save on outpatient drugs pay 20 to 26 percent more for inpatient drugs. While the provision does not *require* pharmaceutical companies to provide the same 340B discounts that are available on outpatient purchases, it removes a major disincentive that has made it very difficult for drug manufacturers to offer lower prices on inpatient drugs to 340B hospitals.

Community Access Program

Creates a demonstration program to finance collaboration among safety net providers that improve healthcare access, reduce emergency room use and save money. In September, the San Francisco Community Clinics Consortium awarded a new $441,000 grant to work with DPH to create a chronic disease management registry.

Federal Advocacy in Remainder of 2003 and 2004

- Continue to work with delegation on earmarks
- Continue to work in coalition on critical issues.

Ms. Johnson summarized State legislation that impacted the Department of Public Health. She also gave detailed information about the Governor's bond proposal, and a status of the Vehicle License Fee (VLF) backfill.

- Two measure on the March ballot: a $15 billion bond and a spending-limit measure
- The bond replaces $10.7 billion approved by Davis and challenged in court
- Require a balanced budget that sets money aside for tough economic times
- State cannot spend more than it takes in revenue
- Requires that 1% of state revenue be put in a rainy-day account starting in the 2006-07 and the annual contribution would grow to 3%, eventually reaching 5% of General Fund revenue or $8 billion, whichever is greater.
- The $15-billion bond issue and the spending-limit measure are joined, so if voters reject either one, both will fail to become law
- The Governor could declare a fiscal emergency and present a remedy to the Legislature. Lawmakers would not be allowed to recess until they enact that or an alternative plan with a simple majority vote -- or a two-thirds majority if the plan includes new taxes

State Advocacy in Remainder of 2003 and 2004

- VLF Backfill
- $15 billion bond initiative
- Governor's proposed mid-year cuts
  - $3.8 billion
  - Reduce Medi-Cal rates by 10%
  - Cap enrollment in Healthy Families, ADAP, CCS, Medi-Cal non-emergency services for documented and undocumented immigrants
- Continue to work with Mayor's Office in accordance with DPH's State Legislative Plan

Commissioners' Comments

- Commissioner Chow asked if there is a strategy for addressing the budget and VLF backfill. Ms. Johnson said that there would probably be deeper cuts proposed, including many proposed by Governor Davis last year. There is uncertainty if the bond will pass. The spending cap constitutional amendment and bond both must pass or neither take effect.

- Commissioner Guy said it appears the Governor is going to propose the majority of cuts in health.

9) PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 7:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

9393

HOUCHEN
BINDERY LTD
UTICA/OMAHA NE.
2004